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EDITORIAL COMMENT



WHAT WILL HIGHER EDUCATION DO FOR THE NURSE IN PRIVATE PRACTICE?

BROADLY speaking, we have only to study the effect of education as a factor in the advance of the world's civilization, and then to consider it in its relation to the growth and development of almost any one line of special work, to be convinced that with higher education for nurses all nurses will feel the benefit of the advance, whether engaged in hospital work or private nursing.

Taking the medical profession, for instance, as an example, because medicine and nursing are nearest and most dependent upon each other, although very different, we find, going back to the beginning of things, men in every land who professed to heal the sick. History cannot tell when or where the medical idea originated more than to show that in the most primitive times certain laws governing health and disease were recognized, but the progress of medicine can be traced with the growth of intelligence and the march of civilization all the world over.

Less than two hundred years ago medical men and barbers were classed together in England. The barbers did much of the surgery before that period. During the reign of George II. the two occupations were separated. By education and organization the medical profession has come to be what it is to-day, a great body of self-governed men, regulating the education of their members and controlling the laws by which the practice of medicine is carried on.

From the social status of a barber they now rank with the first in every country, and are given that respect and recognition which the world gives only to culture and knowledge. But even with so much

accomplished they are not resting, but are still pressing on to bring the great rank and file in their midst up to a higher standard. Education has been the great factor upon which progress in medicine has been based in the past, and education is the influence upon which it depends for advancement in the future. It is well to read the history of medicine as given in any standard encyclopædia in order to appreciate the difficulties and obstacles which have been overcome in the centuries that are gone in order to fully appreciate the attainments of the men of to-day.

Now let us take the same broad view of nursing, leaving out of the discussion the sisterhoods and going back only to the conditions that we know existed fifty years or more ago, because a complete history of nursing has never been written and the subject can only be touched upon briefly at this time.

Fifty years ago the women who were the nurses in the hospitals and homes of England and America were of the lowest classes of society. History tells us that to be a nurse was to be considered a dissolute woman. We are inclined to believe that they were not all of this kind, however, but that the good among them were judged by the bad, a habit of thought on the part of the public not yet altogether extinct. However that may have been, the public looked upon them as a disreputable and vicious class of people, and considered it a calamity to have to employ one of them.

Florence Nightingale's gift to humanity was the educational idea applied to nursing—the training-school idea it is commonly called. She recognised the fact that in no way could respectable, intelligent, and kindly women be induced to go into the hospital and supplant the dissolute class then making up the nursing staff but by placing hospital nursing upon an educational basis, and improving the social status of the educated—or trained—nurse. Substitute the word educated for trained, and we find that all of our progress is based upon it.

The training-school idea was fostered and developed in the first place by philanthropists, and mostly by women philanthropists. We should always bear in mind the fact that in the beginning medical men were opposed to the idea of education—or training—for nurses.

After a time nurses themselves began to have ideas about the education of their own members. Judging by what it has accomplished under the crude and chaotic conditions of its first period, they are led to believe that with a better system of preliminary and practical education the position of nurses may improve still more, and their services be made more valuable and more acceptable to the public which employs them. In this nursing is following the lines of medicine. The idea has come as the natural result of experience and knowledge. Nurses are looking towards a controlling voice in nursing education, depending upon higher

education, with closer organization, to do for nursing what it has done for medicine, make better nurses and give them a better social standing.

IN THE HOSPITAL.

The pupil in training under the new order of things already works shorter hours. Fourteen hours as an ordinary day's work in the years gone by has given place to ten, to nine, to eight in schools of the leading class. Already in a few schools the theory is taught in a time set apart from the practical work. The pupil understands something of what nursing is before she is placed in a ward of sick people. She knows how, for instance, to change the sheet under a helpless person when she is told for the first time to do it for an extreme case of typhoid, thus being saved much nervous strain herself and giving better service to the patient. When she is called upon to help serve the breakfast in a busy ward, she knows how to arrange the dishes on the tray, how to keep the food warm, and she does not have to be told that No. 6 with a temperature of 104° is not to have steak and baked potatoes. Any practical nurse can apply the principle and judge without our help of how the preliminary training, which is one step towards higher education, will make the life in the hospital less wearing. When it comes to the actual nursing work, it will be just as hard from a physical stand-point, but the nervous strain will be less, the hours shorter, and the work easier because better understood.

IN PRIVATE WORK.

In private practice her work will be easier because she will know better how to do it; it will be more agreeable, because she will be accorded that consideration that the world gives to education. That remnant of prejudice still lingering in the public mind because of the kind of women who were the nurses fifty years ago will have entirely given way, because nursing will be recognized as a profession, with standards of education regulated by the State through a universal system of registration.

Nursing will never be easy, and the kind of service which is given when a life-and-death struggle has to be fought can never be paid for in money alone. If the nurse does not feel it a privilege to have been the means of saving a life or of alleviating suffering, then there is something wrong in the spirit of her work, and she had much better engage in some occupation that deals with things and not with human life.

WHERE IMPROVEMENT IS SEEN.

It was a common thing in the experience of the pioneer nurse in private practice to be asked to take her meals in the kitchen with the servants; it is a rare occurrence to-day.

It was not unusual after a hard night's work to find waiting only the remnants of the family breakfast, cold and uninviting. Such thoughtless neglect of the comfort of a nurse is a great exception in our American homes at this time. Each generation will have fewer of unpleasant experiences of this kind as time goes on, until finally they will be known only as traditions.

By a slow process of evolution the public will have learned to think of nurses as members of a profession, and there will be no question in regard to the social position that they are to occupy in the home.

THE QUESTION OF COMPENSATION.

We are inclined to believe that no one can predict what nurses will be paid fifty years from now. Twenty-five years ago the regular charge per week for graduates of the leading schools was fifteen dollars. To-day from twenty-one to twenty-five is the common charge. Education has improved the financial status of nurses thus far. If nursing becomes of less value to the public, it will be because of a backward step on the part of the nurses themselves.

Nurses come from the same kind of homes, with the same school advantages, as school-teachers, book-keepers, stenographers, and clerks. On an average they are much better paid. To compare what they earn with wages paid to men is unfair, because woman's work, even when superior in quality, is never paid for in the same proportion as the work of men. That a cook in a hospital is better paid than a head nurse is simply a matter of supply and demand. Cooking has gone out of fashion just now, and a really good woman who is a reliable cook can command most any price for her services because there is little competition for her place, while in nursing the number is large, and if one does not care to fill a head nurse's position at thirty dollars per month, there are always those who will.

But there is another point of view of the salary paid a head nurse. At the very least such positions are worth in board not less than thirty dollars and in laundry at least ten dollars per month, so that in reality the position compares favorably with one outside paying seventy dollars per month, and we doubt if the woman earning seventy dollars and paying all her living expenses, car-fare included, and for the wear and tear on her street clothing, saves as much at the end of the year as the head nurse on a salary of thirty dollars who works not more than twelve hours and is kept warm and clean and is fed without any conscious effort on her own part.

THE DUTY OF THE HOUR.

The duty of the hour that is to help forward higher education is for nurses to come more and more into closer organization. Small groups of

women working alone will accomplish little towards this end, but a great, united body becomes a power before which obstacles seem to fade away. To strengthen our organization and to become more closely united is a duty which lies immediately in our path.

There are many sides to the question of what education will do for the nurse. We have touched only upon a few points, and do not profess to have exhausted the subject. We will say in conclusion that while the nurse of the immediate present may not be conscious of the influence of education, those things that she finds satisfactory in her life have come to her through its influence, and it is her duty to do her part in making life better for the nurses who are to take up the work when her own nursing life is ended.

CAN THE TRAINED NURSES OF THIS COUNTRY BE LACKING IN PATRIOTISM?

In the March issue of the JOURNAL of the present year can be found the details of a plan to open in the Surgeon-General's office a list of properly trained and endorsed nurses who would be willing to serve in time of war or other national emergency.

It is there clearly stated that those constituting this list were not expected to assume any obligations to the government other than an expression of their willingness to respond to a call in an emergency, and to report their addresses and the condition of their health on the first of January and July of each year.

Simultaneously with the making public of the plan a personal letter was sent from the Surgeon-General's office to a large number of the superintendents of the more prominent training-schools asking their opinion of the scheme and their coöperation. Without exception all replied, heartily endorsing the idea, and promising every possible assistance in securing a large and efficient body of "eligible volunteer nurses." The superintendents surely did their duty, some sending lists of their very best graduates, while others referred the matter to their alumnae associations. To all of those whose names were thus sent in blanks were forwarded as promptly as possible. Whether there could have been anything in these which was not understood by the nurses is not known. It is known, however, that the blanks were identical with those approved by the Surgeon-General and which are in use for applicants to the Army Nurse Corps.

Incredible as it may seem, out of all the blanks sent out only six have been returned during the six months which have intervened!

Out of the thousands of nurses in the length and breadth of this great country only *six* have thought it worth their while to enroll their names for service in their country's need!

What a contrast to the blazing patriotism of our little brown sisters over in Japan. Of them it is told that when news is received of the death in battle of father, brother, son, or husband, the dwelling is immediately put in gala dress and the bereaved (?) summon the village to rejoice with them for the surpassing glory of having been permitted to furnish one to give his life for their beloved country.

And yet no one for a moment can doubt that were the peace of our country assailed the Surgeon-General's Office would be besieged by applicants for duty in the hospitals. Indeed, this has already been demonstrated by the splendid response at the beginning of the Spanish-American War, when thousands of nurses stood ready to do their duty in whatever way called.

The importance of making such a list as is proposed is, that in the leisure of the present time there is ample opportunity to avoid the enrollment of undesirable women, who, under the pressure of war conditions or through political influence, might obtain entrance to the nurse corps and by their unwomanly conduct bring discredit upon the entire nursing department. It is to avoid the possibility of the adventuress class gaining admission to the army that a waiting list is proposed, and also to prevent the wild confusion which prevailed in our last war experience. The public is so constituted that the splendid work of the many is lost sight of and forgotten while the scandal or smut on the few is remembered. This careful selection of those who would be sent in time of need should be a matter of vital concern to every nurse in the country.

We would say to the trained nurses of our country to-day, "In time of peace, prepare for war." Now is the accepted time, and the necessity for prompt action is upon us in order that with as little delay as possible a list may be made which shall worthily bear testimony to the patriotism which we know burns in the heart of every true American nurse.

Even though a call to war should never come, there is an all-sufficient compensation in the consciousness that "They also serve who stand and wait."

We believe this failure to meet the call to duty is purely a matter of procrastination. Let every nurse who loves her country, who realizes her duty to suffering humanity, who respects her profession, act at once, and make the "Eligible Volunteer List" of the Army Nurse Corps something that we may be proud of, rather than a reflection upon our patriotism.

THE FUND FOR THE ECONOMICS COURSE

To those who are soliciting for the endowment fund for the Course in Hospital Economics we want to say that a feeble effort will leave the conditions just where they were at the close of last year. There are bills left over to be paid and the regular expenses of the coming year to be met before money can be put one side for a permanent fund. For this reason the effort must be vigorous and prolonged that a really substantial fund may be raised, enough to carry along the work for the present, and provide a nucleus for future nurses to build upon.

The amount reported this month does not cover all that has been subscribed. We know of a number of collectors who are waiting to complete the canvass of their districts before turning in the money, and while this will amount to the same thing in the end, it would be more interesting, and perhaps more of an inspiration to others, if the lists were longer month by month.

We want to repeat our suggestion to the organizations made last month, that this subject shall be placed in the hands of a special committee whose duty it shall be to report each month on the progress of the course and the fund, and who shall solicit from the members at every meeting.

As we write, from our window we see a nurse passing with a patient, a woman of much wealth, but the dress of the nurse is in every detail quite as stylish and apparently as costly as that of the patient. As she raises her skirt her boots are as trim, the embroidery on her white petticoat as deep, and her furs as handsome as those worn by the woman she serves. By an economy so slight that she would hardly feel it, she could easily contribute one day's earnings for the lasting benefit of future generations of nurses, but we doubt if she ever gives a thought or a penny to the uplifting of her profession. It is the poorer woman with someone dependent upon her, who knows the meaning of sacrifice, who will give this year, and give again next year if necessary, with a feeling of thankfulness that she has the money to spare.

The women who have never thought about the future of their profession must be educated, and they can only be reached by the organizations.

Philanthropy is a product of civilization. It is born of intelligence and an appreciation of the needs of others. As a profession, let us not be behind the age in which we live in showing a true spirit of philanthropy.

PROGRESS OF STATE REGISTRATION

THE California State Nurses held a meeting on October 4, at which time the first draft of the bill to be presented to the Legislature this winter was discussed. The Secretary, Miss McCarthy, has been delegated to make a tour of the southern part of the State to submit the bill for discussion to the different groups of nurses, so that all may be familiar with it and be given an opportunity to express their views. As only a comparatively small number can attend a State meeting this plan strikes us as being exceedingly practical and one that may well be followed in other States. The name of the association journal, of which mention was made last month, is to be changed to the *Nurses' Journal of the Pacific Coast*, and it is to be enlarged to regular magazine size, with the subscription price increased from sixty cents to one dollar.

The Indiana State Nurses' Association has a bill now under consideration which will be presented to the next meeting of the Legislature.

In Massachusetts committee work has commenced and a new campaign is being planned, the members feeling confident of success in passing a bill the coming winter.

The Pennsylvania State meeting was held in Philadelphia late in the month, October 26, 27, 28, but will be reported fully in December.

The New York meeting was one of the most interesting ever held by that society. The president, Miss Annie Damer, is one of our best parliamentarians, and she presided with much dignity and judgment. The programme was carried out as announced last month. Dr. J. A. Miller gave a most instructive address on the modern treatment of tuberculosis, and nurses engaged in that work reported progress in different cities in the State.

The Board of Nurse Examiners through the secretary, Miss J. E. Hitchcock, made a long and very interesting report of the first year's work under the registration law, which will be given in full in the next number.

The secretary of the New York State Nurses' Association, Miss Sutherland, gives a brief outline of the meeting in the official department of this issue.

EDUCATIONAL STANDARDS FOR STATE REGISTRATION.

In the October JOURNAL was printed in full Miss M. A. Nutting's paper on "Educational Standards for State Registration" read at the Berlin Congress, and in the present issue is given the discussion, in which a number of leading English and American nurses have expressed their views on this now all-important subject. The resolutions passed by

the congress as a body endorse the principles advanced by the speakers, and the subject as a whole is one to be studied by all those who are interested in the educational side of nursing. In Miss Nutting's paper and in the discussion is shown the trend of thought which will greatly govern all educational progress in its relation to registration in the years not far distant, and nurses everywhere should make themselves familiar with the general plan, that the advance may be intelligent and uniform. Methods will differ, but the results aimed for will be practically those advocated at the Berlin meeting.

A FALSE REPORT

THE Hospital Magazine, London, which is opposed to State registration for nurses, has published a statement to the effect that the managers of the Hahnemann Hospital of Rochester, N. Y., are not in favor of registering the Training-School under the Regents of the University of the State. The report seems to be based upon some local newspaper comments of a not altogether considerate character, in which delay on the part of the managers has been interpreted as meaning disapproval of the registration law. In point of fact, the Hahnemann school is being entirely reorganized and its curriculum changed to meet the requirements of the Regents. Just at the time the law went into effect a new building was completed which increased the bed capacity of the hospital from twenty-five to nearly one hundred, and the adjustment to this increase and the reorganization of the Training-School could not be undertaken at the same time.

The superintendent of the hospital, Mrs. Curtise, is a charter member of the New York State Nurses' Association, and among the managers of the Hahnemann Hospital are men and women of influence in the community who signed the petition in support of the New York bill and have been in sympathy with the registration movement from the first. The reports that have been circulated that the school would not be registered are an injury to the school and are entirely false. Registration of the school will be completed in ample time for the graduates to be registered under the waiver.

HOURLY NURSING

We hear that hourly nursing in San Francisco is carried on by two nurses, who report that they do on an average as well or better than in regular nursing. The charges are from one dollar to one dollar and fifty

cents for a visit of an hour or less, and for operations from five dollars to ten dollars.

For two years the names of the members of the State Nurses' Association of California have been printed in the official directory of physicians and surgeons, and this year the rates of charges are also included. These range as follows:

For ordinary cases, including board, twenty-five dollars per week, or four dollars per day; contagious cases, including board, twenty-five dollars to thirty dollars per week, or four dollars to five dollars per day; quarantine cases, including board, five dollars to ten dollars per day; night duty, including board, twenty-five dollars to thirty dollars per week, or five dollars per night; adult male cases, including board, four dollars to five dollars per day; assisting at operations, five dollars to ten dollars; obstetrical and all other cases, salary to be paid from date of engagement unless otherwise arranged for; salary to be paid weekly unless otherwise arranged for; all travelling expenses to be paid by patient; visiting nursing, one dollar to one dollar and fifty cents per visit of an hour or less.

GRADUATE MEN NURSES.

Ordinary cases, including board, twelve hours, five dollars; twenty-four hours, six dollars; twenty-four hours, subject to call during sleep hours, seven dollars; contagious cases, including board, twelve hours, six dollars; twenty-four hours, eight dollars to ten dollars; assisting at operations, five dollars; treatments from one dollar and twenty-five cents to two dollars and fifty cents per visit; post-mortem work, five dollars; "sitting up," five dollars.

We have a letter from a nurse engaged in hourly nursing which was received too late for this issue, but will be given in December. We wish we might hear from many others, as this is a subject of wide interest.

OFFICIAL ORGAN

We take pleasure in announcing that at the last meeting of the Graduate Nurses' Association of Connecticut it was moved and carried that *THE AMERICAN JOURNAL OF NURSING* should be the official organ of the association.

A CORRECTION

Miss Dock asks us to correct a too-sweeping statement in her last foreign letter, to the effect that Miss Isla Stewart was the only London matron who favored State registration.

Of the twelve London hospitals with medical schools attached, Miss Heather-Bigg, the matron of Charing Cross Hospital, and Miss Swift, of Guy's Hospital, are both in favor of State registration, and among the hospitals not connected with medical schools there are other matrons who believe in it, notably those of all the hospitals under the Metropolitan Asylums Board.

The data of correction have been kindly furnished by Miss Breay, secretary of the Matrons' Council.

COPIES OF BILLS PASSED

HARDLY a day passes that we do not receive letters from nurses in those States where registration is being agitated asking for copies of the bills that have been passed, and for suggestions in regard to all the different steps necessary to be taken before the passage of a bill can be secured. We are only too glad to give what information we can, but we wish sometimes that nurses would read their JOURNALS more carefully and file them for reference instead of throwing them away after a careless perusal. We find that some of our severest critics are those who admit that they never read the JOURNAL.

For the convenience of those who are struggling with registration work, we make the statement that the first four bills to be passed were printed together on a leaflet inserted between pages 736 and 737 in the June, 1903, issue of the JOURNAL. The editorial on these bills, written by Miss Dock, may be studied to great advantage. The Maryland bill was printed in the February issue of this year, page 378. These numbers are now out of print. Those nurses who have preserved their JOURNALS possess the only history of the entire registration movement in this country, as it is found in the reports of the State associations in the Official Department, in the last two reports of the Associated Alumnae, and in the editorials. We are still making history, and in every number of the JOURNAL facts are recorded that will make pages of history at the end of the year. The back numbers are becoming more valuable as time goes on. Keep them.



RHEUMATISM**By ANNIE P. LETHAM**

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ACUTE articular rheumatism, or rheumatic fever, is an acute non-contagious fever, evidently dependent upon an unknown infective agent. It is characterized by multiple arthritis and a marked tendency to inflammation of the fibrous tissues.

Rheumatism prevails in temperate and humid climates. In America the statistics show the majority of cases in the early spring months, while in Great Britain the maximum of cases occur in the autumn.

It is essentially a disease of youth and middle age, infants and old people being seldom attacked. Exposure to cold, damp, or extreme changes of temperature are almost always associated with the onset of this fever; therefore occupations which necessitate exposure to those conditions predispose to both the acute and chronic forms of rheumatism. Heredity is now rather discredited as a predisposing cause for this disease.

Several theories have been advanced as to the nature and mode of action of the special cause of acute articular rheumatism. At one time the presence of lactic acid in the blood was supposed to be the cause, but this theory has been rejected. The neurotic theory advocated by the late Dr. T. K. Mitchell has now few advocates. The most modern and universally accepted theory is that which claims some unknown infectious agent as the cause. So far no positive proof has been offered of the constant association of any special micro-organism with the disease.

We will now consider briefly the symptoms of the disease. The onset is frequently associated with a feeling of malaise, sore throat, and particularly tonsillitis. There is seldom a decided chill. A feeling of chilliness is accompanied by a general aching pain which usually settles in one joint. This joint becomes rapidly very painful, and in twenty-four hours the disease is fully developed. The temperature rises almost at once, and ranges from 102°F. to 104°F., and in extreme cases to 105°F. or 106°F. The pulse is frequent, soft, and usually above 100; the tongue is moist and coated; there is loss of appetite, with thirst and constipation. The urine is scanty, highly colored, and strongly acid. We almost invariably get profuse acid sweats, with a strong, disagreeable odor. The surface of the body is often covered with sweat vesicles; sometimes a red miliary rash is present, and very frequently purpura.

The joints most commonly affected are the hips, the knees, the ankles, the shoulders, the elbows, and the wrists. They become swollen, red, and exquisitely tender. There is rarely extreme effusion into a joint. The amount of swelling varies, and redness is not always present.

It is seldom that the disease is limited to one joint. The inflammation passes from one joint to another; while subsiding in one it commences in another. It rarely happens that more than one or two are actively affected at one time. Perhaps no disease is more painful than this acute polyarthritis. The agony of every movement, the profuse sweats, the extreme prostration and helplessness, make it the most distressing of all fevers. The patient is seldom delirious. The temperature is peculiarly irregular, depending upon the extent and intensity of the articular inflammation and on the profuse sweats. We get a well-marked leucocytosis and a change in the blood, accompanied by a rapidly developed anaemia.

During the course of this disease there is shown a marked tendency to inflammation of the structures of the heart. This is the chief danger in an attack of rheumatism, for the heart, when once affected, is apt to be permanently injured. Endocarditis is the most frequent form of heart complication, but we also get both pericarditis and endocarditis. Pleurisy and pneumonia are also complications of not infrequent occurrence and of very grave prognosis. In those cases associated with hyperpyrexia, pericarditis, and pneumonia we expect delirium, and in many cases coma, which always denotes a fatal termination.

Frequently we find small nodules in the connective-tissues and fascia, especially in cases of severe and chronic rheumatic endocarditis.

TREATMENT IN ACUTE ARTICULAR RHEUMATISM.

The general treatment consists of absolute rest in bed, flannel or all wool bed-clothing, and no exposure to cold or damp.

During the course of the fever liquid nourishment is given every two hours, and should consist chiefly of milk and milk products. Water should be given freely between feedings in the form of rice-water, barley-water, or Vichy.

A fuller diet is given during convalescence and should consist largely of farinaceous food. Meat should be avoided.

As far as the medical treatment is concerned there is no specific, no drug that will abort or shorten the attack.

Prior to 1876 the treatment of the disease had been antiphlogistic, expectant, or alkaline. About 1874 the study of the natural history of acute rheumatism led to the supposition that it was of miasmatic origin, and on this theory was based the salicylic treatment, and this, combined

with the alkaline, is at the present day the most universal and beneficial treatment. Some physicians claim that the salicylates diminish the danger of complications. They are commenced on the first indications of the disease and continued till recovery. Given in full and frequent doses their effect must be carefully noted, as they are heart depressants.

The preparations of the salicylates most commonly employed are:

Ol. Gaultheria, ten minims, every three or four hours.

Sod. Salicylate, twenty grains, every three or four hours.

Salicin, twenty grains, every three or four hours.

Aspirin, five grains, every three or four hours.

To render the urine alkaline an alkali is given, the acetate, bitartrate, or citrate of potassium being used, commencing with thirty grains every four hours, and increasing or diminishing the dose to keep the urine just alkaline. The urine reaction must therefore be tested and charted at each urination.

To allay pain, phenacetin, antipyrin, or ammonal should be tried before opium is resorted to.

To regulate the bowels an alkaline cathartic (magnesium sulphate, or sal Rochelle, etc.) is preferable, given in the morning.

The newest treatment is that by serum, and is strongly advocated by Menzer. He isolated streptococci from the tonsils of rheumatic subjects and used large amounts of culture from these streptococci to immunize large animals. This serum was employed in more than thirty cases of rheumatism. The dose he used was one hundred to one hundred and fifty cubic centimetres at first and later fifty to seventy-five cubic centimetres as the serum had become more active.

The injections caused no pain or local reaction. A general reaction usually occurred, consisting in chilliness, fever, and skin eruptions.

He believes that in acute cases the disease ran a shorter course, and he insists that the treatment seemed definitely to prevent the occurrence of severe endocarditis.

The local treatment of rheumatism is of great importance and the methods employed numerous. The affected joints may simply be wrapped in absorbent cotton. Hot fomentations are used, also hot cloths wet in Fuller's solution (carbonate of soda, six drachms; laudanum, one ounce; glycerine, two ounces; water, nine ounces). Tincture of acetate and chloral in an alkaline solution or chloroform liniment are also employed.

A very beneficial application is guaiacol and glycerine (guaiacol, one ounce; glycerine, one ounce; spirits myristic, one drachm; olei cassis, six minims) applied sparingly to the affected joint, which

is then wrapped in absorbent cotton and lightly bandaged. An application of equal parts of olive oil and oil of gaultheria is used with fair results. On the Continent they employ cold compresses, and also fixation by means of splints and plaster-of-Paris casts.

The complications of this disease are treated as they arise according to the usual treatment of such diseases.

THE NURSING IN ACUTE ARTICULAR RHEUMATISM.

Good nursing in acute articular rheumatism can almost be classed under the head of treatment, for it is a very important factor, not only in the patient's recovery, but in a recovery without complications. The patient's suffering will be materially diminished or increased according to the capability of the nurse. The pain, prostration, and helplessness which mark this disease render the patient nervous, fretful, and childish; the nurse must therefore have infinite patience and tact. Every act must be performed in the most deliberate, quiet, and gentle manner, for a careless, awkward touch to bed or patient, a quick step, or a loud noise all cause agony to the sufferer. Owing to the frequent occurrence of heart complications too great stress cannot be laid on the careful protection of the patient from any exposure to draught, cold, or damp. A patient should also be guarded from all excitement, and mental and physical effort of every kind should be avoided.

If a choice of rooms is possible, let the sick-chamber be large and quiet, with a southern exposure. The temperature of the room should be kept at about 70° F. and as even as possible; it will require, however, to be well ventilated and that without draughts, screens being used before both the window and the door. A high three-quarter width bed is preferable, provided with good springs and a firm hair mattress. Make the bed with great care, the sheets pulled very tight and smooth, with a rubber sheet under the draw-sheet. One pillow only is allowed under the patient's head.

The patient is placed between a light pair of woollen blankets, and these are sewed or pinned together at the shoulders. It is better to omit the use of a nightgown until the acute stage of the disease is past, when a flannel one is used and the blanket discarded. The under blanket is changed twice a day, and oftener only when rendered absolutely necessary by the occurrence of a drenching sweat. The pillows used to support the affected joints are covered with light rubber and flannel pillow-cases. A cage is placed over such joints to avoid any pressure from heavy coverings. It requires great skill and patience to apply any local treatment to these painful joints, and still more skill and patience to get them so disposed as to cause the patient the least pain. A urinal

should always be employed when possible, and it is frequently necessary to use pads in place of the bedpan. When changing the bedding, placing the patient on the bedpan, or applying local treatment, it is necessary to have an assistant, especially when the pain and prostration are marked. A warm sponge-bath is given each morning, followed by an alcohol rub and an application of talcum powder. The bath must be given carefully and entirely under cover, with no exposure to cold. Particular attention must be paid to the back, and the patient's position in bed changed at least twice a day. After the profuse sweats, which are such a distressing symptom of the disease, the patient should be dried off very carefully, rubbed with alcohol, and powdered.

As long as the patient is on liquid diet the mouth is carefully cleansed with an alkaline solution before and after each feeding. The nourishment should be prepared with care and daintily served and the patient induced to take at least eight drachms every two hours and to drink Vichy freely between feedings.

The temperature, pulse, and respiration are taken every two, three, or four hours, according to the doctor's orders. These are charted carefully, and on this temperature chart is also kept a record of the sweats, owing to their action on the temperature. The doctor's orders must always be carried out in an intelligent manner. The doctor will also expect the nurse to be able to give him every particular of the patient's condition during his absence. To do this accurately it is always necessary to keep careful bedside notes.

The following points should all be noted:

1. The amount and character of each urination and defecation.
2. The character of the pulse and respiration.
3. The amount and character of the sleep.
4. The medication and treatment, with the results.
5. The kind and amount of nourishment taken.
6. The joints affected, with the amount of swelling, redness, and tenderness.
7. The sweats, their intensity and duration.
8. The presence of any sweat vesicles, rash, or purpura.
9. Any pain or other symptoms denoting heart or lung complications.

The nursing of this disease during convalescence presents few points of difference from the general nursing of any convalescent patient. It is well to give a gentle massage twice a day to the body, paying particular attention to the joints. The patient will have to be kept rather quiet and not allowed to take too much exercise, owing to the danger of late cardiac complications.

The key-note of nursing in acute articular rheumatism is summed up in these last words, "danger of cardiac complications," against which danger we have to fight from the beginning to the end of the disease.

THE INTERNATIONAL COUNCIL OF NURSES

(Continued from page 25)

AFTERNOON SESSION

II.—Education

SUGGESTIONS FOR EDUCATIONAL STANDARDS FOR STATE REGISTRATION

DISCUSSION ON MISS NUTTING'S PAPER

MISS ISLA STEWART (Great Britain) said she had listened with great interest and some apprehension to Miss Nutting's paper. It might be possible to include all that she advocated in the curriculum of training in America, but she did not think it could be done at present in Great Britain. If probationers learnt the elements of anatomy and physiology, —and no thorough knowledge could be obtained without practising dissection,—she considered that sufficient. A good deal could be taught as to the action of drugs without practical dispensing. However many years of study a nurse went through, it must be remembered that the pecuniary value for the skilled services of the average nurse would never be more than two pounds two shillings a week, and there must be some relation between outlay and subsequent earnings.*

Miss Stewart said she felt strongly that nothing less than three-years' practical training at the bedside of the patients in hospital wards could be considered adequate. Preliminary training was very largely a financial question. If it could be arranged in connection with central schools, it would be excellent. She doubted if nurses remembered very much that they were taught in lectures. She thought there was much wisdom in the assertion of a certain Hungarian professor: "What I teach you is of no use to you; the only knowledge of use to anyone is that which he learns in silence and solitude, with sorrow and sometimes with tears." She was a believer in hard work during the training period; the necessary discipline aided the development of character. For herself,

* In the United States a graduate nurse can earn from five pounds to seven pounds a week.

looking back to her own training, she felt glad that she had not served her probation in easier times.

MISS MARGARET HUXLEY (president of the Irish Nurses' Association, Dublin) said: "I have come to the conclusion that three years are necessary to efficiently train an ordinary woman in the art of sick-nursing, and that one of the most important and valuable studies preparatory to training is the study of human nature in its various phases.

"It is not possible to attach too much importance to primary education; it pervades the whole character and quality of work, it enables one to estimate and correctly value the unforeseen, which so largely enters into a nurse's daily life; therefore a broad education is to be desired rather than one including the higher special branches of knowledge and of possibly less breadth, and I would suggest, as a minimum standard and workable basis, the sixth standard of Board School education, including a knowledge of such authors as Shakespeare, Scott, Lytton, Thackeray, and Dickens. I mention these writers, feeling that a knowledge of them implies a certain class, who, though not learned, are more or less cultured, and have at least studied human nature as portrayed by these masters.

"What may be called domestic science is equal in importance to the theoretical education of nurses. Every probationer before admission to the wards should know how to perform all manual labor connected with the hygienic surroundings of the sick and should be skilled in household work. There may be difficulty in acquiring this skill concurrently with school studies, therefore each nurse-training school should provide for it.

"The first three months should be devoted to acquiring proficiency in invalid cooking, bed making and changing, the correct method of filling water-beds, rubber hot-water bottles, the use of thermometers (clinical and otherwise), the preparation and making of poultices, enemata, etc.—in fact, all details connected with nursing that can be learnt without the actual presence of a patient.

"In enumerating the foregoing I have not mentioned sweeping, dusting, washing, and scrubbing—vulgarly called 'dirty work'; but as it embodies the fundamental principles of aseptic surgery, it should take a primary place in every nurse's education.

"During these three months time should be allotted for the study of hygiene, anatomy, and physiology; of these subjects I would emphasize that of hygiene, as being the most important. A thorough understanding of its laws would enable the nurse to carry out essential hygienic details, and under any given circumstance to place her patient in the most favorable conditions for the recovery of health. I am not prepared

to mention any particular text-books, but would advocate that those recommended should be suitable for the use of nurses.

"Prepared in the manner indicated, the probationer would enter the wards—where her practical education begins—well equipped to train her power of observation; she would be familiar with the names and uses of the special appliances for the sick, and would be ready and able to take an intelligent interest in the patients, to observe the deviations from health, the effect of treatment, also the use and effect of drugs.

"The time spent in the wards might be divided as follows:

"Eight months in medical wards and eight months in fever wards, where the probationer would have opportunities to apply ice-bags, poultices, fomentations, leeches, and blisters, carrying out their after-treatment; administer medicines, oxygen, baths, hot and cold packs, nutrient and other injections, including hypodermic injections; the destruction of sputa, disinfection of excreta, beds, bedding, linen, furniture, and apartments; learn to wash patients in bed, the care of their hair and nails, and the prevention of bed-sores, and to prepare for tapping, aspirating, and intravenous injections, etc.

"Eight months in surgical wards, including theatre work, the preparation and sterilization of dressings, sutures, and instruments, padding splints, mixing lotions, and the care and disinfection of her hands.

"Three months in gynecological wards, having the preparation and after-nursing of laparotomy patients, douching, washing out of the bladder, and catheterization.

"Three months in children's wards, where extra watchfulness is required to note changes and the meaning of them.

"Three months in accident wards, where prompt skill is acquired in undressing patients admitted with fractures and burns, preparing fracture beds and splints, and dressing burns.

"I have not yet mentioned any of the special branches, such as ophthalmic and monthly nursing, massage, or the care of the delirious or temporarily insane; of the latter, all nurses have some experience in the medical and fever wards of Irish hospitals, due, possibly, to habits of intemperance and the excitable temperament of the people.

"During the months spent in the wards the pupil should attend lectures in hygiene, anatomy, and physiology, also lectures on general and special nursing, including instruction in poisons, their antidotes, as well as the proper administration of drugs, their uses and effects.

"In the brief space of ten minutes I find it impossible to mention all that occurs to my mind in connection with the training of nurses or the further education of those desiring to work as hospital sisters or matrons; but for the nurse our aim should be to keep the educational

qualifications for State registration well within workable limits of the candidates who present themselves for training to-day, and distinct from any appearance of vying with the theoretical work of medical students, and to insist on a clear understanding of the subjects taught, and thorough proficiency and dexterity in the manual labor entailed in carrying out any treatment that may be ordered."

Miss MOLLETT (Southampton) thought a certain amount of theory was essential for nurses, not because it was desirable that they should have medical knowledge, but because it was necessary that they should know the principles underlying their work. She thought the great difficulty in teaching nurses arose from the very poor general education most women received. The difficulty of teaching them to think, to observe, was immense. Without the faculty of assimilation, all the lectures in the world were useless to them.

Miss MAUD BANFIELD (Philadelphia) said she had the unusual advantage of acquaintance with the English and American systems of training, and knew the difficulties and virtues of both. The scheme which Miss Nutting had described worked perfectly in her own school, but it was difficult, and in some cases impossible, for others to follow literally in her footsteps. At the Polyclinic Hospital, Philadelphia, the wards and the Nurses' Home were utilised as teaching ground. The probationers did the ward work, under the supervision of a specially appointed instructor. They also were taught in the same way the care of the sick. The very sick were left to the care of the thoroughly trained, but one side of the ward was taken charge of by probationers, who were responsible to the instructor for their work, and she in her turn was responsible to the head nurse for its due performance. They worked in the wards for four hours a day, principally in the morning, but returning at four o'clock in the afternoon, to take temperatures, etc. They also worked in the dispensary and out-patient departments, and sterilised dressings; thus they helped, not hindered, the work of the wards. She thought Miss Nutting's paper perhaps sounded unnecessarily alarming to English ears. It was an American custom to call things by long names. To say that nurses were taught *materia medica* did not imply exhaustive knowledge, but it was of considerable use to them to know doses, to know the effects of drugs, and the symptoms to be looked for—as, for instance, when a patient was taking mercury. All these things could be taught by an instructor on the lines described; the expense entailed was simply the expense of housing and maintaining an additional number of pupils and the salary of the instructor. In view of the increased efficiency insured, this small additional outlay was eminently worth while.

A point which she also mentioned was the increased happiness of the pupils. When the system was first started at the Polyclinic Hospital there were two probationers about to be sent away as unsuitable. They were, instead, put back into the preliminary class in the charge of the instructor. The way they developed was marvellous. They took hold of the work, they developed keen intelligences, and were now most promising nurses. They had been swamped in the rush of a busy hospital.

Miss GOODRICH (New York) said she would like to point out that throughout Miss Nutting's paper continual emphasis was laid on the paramount importance of practical work, and that there was no instruction like that given at the bedside. The paper was the outcome of practical experience of a system which had been tried and found successful. It was noteworthy that, in connection with the system which Miss Banfield had explained, patients nursed before and after the system was inaugurated had asserted that the difference to their comfort in the methods of handling under the old system and under that in which the probationers received daily instruction was marvellous.

Miss MARY BURR (London) said that as a nurse she felt very strongly the need for definite, systematic teaching, perhaps because during her own training she had very little. It was not every ward sister who was a born teacher, or who could make what she herself knew clear and simple to others. She thought if the training-schools were to get the best results time must be apportioned for both practical and theoretical work. Nurses frequently went to their lectures at the end of the day, when they were fagged out mentally and physically and were not in a condition to absorb knowledge. She must say that as a probationer the time she had for assimilating knowledge for herself, "in silence and solitude," was exceedingly limited.

Miss ROOPE (Leicester) said that matrons knew to their sorrow the need of preliminary training, but she thought that the mothers of England should realize their responsibility to their girls. When some pupils entered the training-schools—and it was no uncommon thing—who did not even know when a kettle boiled, did not know that tow should not be put down the sink, it was impossible to teach them in a three-years' professional training all the practical domestic details they ought to have learnt in their own homes.

Another point of interest brought forward by a member was that the three years in hospital was a preparation for future work. When the training-schools worked nurses for fourteen hours a day they left them tired out at the end of their training and ill-fitted to enter upon serious professional work. Further, with a fourteen-hours' day it was impossible that they should have time for study.

MISS CLARA LEE (Kingston) said she thought probationers failed to get the greatest advantage from lectures because there was a long gap between the age of eighteen, when they left school, and that of twenty-three, when they took up hospital work, and many had lost the habit of learning.

MISS STEWART thought that lack of general education was at the root of the trouble, but she was in favor of accepting probationers at an early age. The youngest at St. Bartholomew's Hospital was twenty-one.

MRS. FENWICK said that before proposing a resolution she desired to put on record how heartily she agreed with every word of Miss Nutting's splendid paper, and the educational course which she advocated. The scheme, perhaps, sounded more difficult than it really was in its practical application. She had the pleasure of visiting the Johns Hopkins Hospital in 1901, and had seen the system advocated in practice; there was nothing attempted that could not be carried out by any well-organized training-school for nurses, although she was inclined to think that much of the preliminary training of a nurse could be given in central schools, and so relieve the hospitals of the expense.

RESOLUTION.

Mrs. Fenwick then invited Miss Isla Stewart to take the chair whilst she proposed the following resolution:

"WHEREAS, The disorder existing to-day in nursing conditions is due chiefly to inequalities of training and differing educational standards; and

"WHEREAS, The serious and responsible work of a nurse demands not only excellent moral qualities, but also the trained intelligence and cultured mind of the well-educated woman; and

"WHEREAS, The principle of registration by the State is now generally conceded as safeguarding the public health, and as promoting a more thorough education of nurses; now, therefore, be it

"Resolved, That every person assuming the position of a trained nurse should give proof of the following minimum preparation for such work:

"(a) A good general education.

"(b) A preliminary course in domestic science, elementary anatomy, physiology, bacteriology, materia medica, and technical preparation for ward work.

"(c) Three complete years of practical work in hospital wards under qualified instructors.

"And be it further

"Resolved, That this minimum preparation should be examined and registered by the State; and, lastly, be it

"Resolved, That it is the duty of the training-schools to certify to the qualities of character and moral fitness of candidates for registration."

Mrs. FENWICK said the resolution incorporated the principle that before a pupil nurse undertook the practical care of the sick she should prove herself to be suitable mentally, morally, and physically, and be worth training. It was quite ridiculous to argue that a woman totally ignorant of the elements of domestic science and the underlying principles of hygiene was better qualified to undertake the care of the sick in hospital wards than the woman who had learnt the elements of those sciences and given practical evidence of her knowledge. A sound general education and preliminary training in the six preliminaries specified in the resolution were now necessary to give a probationer a fair chance of benefiting by a course of three-years' practical work in the wards.

In advocating any adequate scheme of nursing education, the question of cost could not be ignored. In this connection parents must be encouraged to realize their responsibilities to the female child. Fathers made every effort to fit their sons for the battle of life, but usually lived in hope of some other man coming along to provide for their daughters. This was unjust and demoralizing. Preliminary schools might be organized in connection with the universities in certain centres, and they would certainly be utilized if it were found that totally immature material would not be accepted for training in the nursing schools.

During the three-years' practical work in the wards systematic instruction should be provided by qualified teachers, and power of imparting instruction should be one of the indispensable qualifications of sisters of wards. In the attainment of our earnest desire for better and more systematic nursing education State registration would be the great lever. Until it was in force, there could never be any reliable test of a training-school's standards, and they would remain as they were to-day, an unknown quantity. Until we obtained registration there would never be any satisfactory system of education or discipline for the profession as a whole.

Autocratic coteries in the nursing world should be broken up. No doubt a future generation of matrons would take an active part in the education and examination of nurses; and as under any practical system of registration they would have the same opportunity of testifying to the qualities of character and moral fitness of candidates as they have at present before certificates are awarded, there would be no justification for the absurd statement that "you can't register character." She begged to propose the resolution which she had read to the meeting.

Mrs L. L. DOCK said she had much pleasure in seconding the resolution, and would have been glad to do so had it been of a far more stringent character. She was of opinion that it was time that the training-schools realized their educational responsibilities. During the con-

ference considerable emphasis had been laid on the defects of early training. The effect of an adequate system of registration for nurses would be to improve methods of general education. A striking instance of this had already been brought to the notice of the Nurse Board of Examiners in the State of New York. The Regents of the University in New York State found that the requirements of the nurse-training schools as to preliminary education were improving the domestic economy standards. That was a very striking result in so short a time. The resolution, if passed, would not carry compulsion, but the decisions of the council had considerable weight and influence, and for that reason she would have supported it if it had set a more difficult standard. In order to attain the best possible it was often necessary to attempt the impossible. She considered the resolution very reasonable, and that it would have a most salutary effect, and had great pleasure in seconding it.

The resolution was then put to the meeting and carried unanimously.

The president again took the chair, and Miss Dock proposed a hearty vote of thanks to Miss Agnes Snively, the retiring treasurer, for her work and unfailing sympathy with the aspirations of the International Council of Nurses. This proposition was carried by acclamation.

This concluded the business of a most memorable and enjoyable conference, the tone throughout being one of true harmony and bright sisterly fellowship. British, American, and German nurses, who largely composed the meeting, parted with the eager question: "Where and when shall we meet again?"

Re Education.—Numerous papers and letters were handed in from Miss Isla Stewart (England), Fraulein Karl (Germany), Dr. Hamilton (France), Miss Turton (Italy), Mrs. Neill (New Zealand), Miss Farquharson (Victoria), and Miss Child (South Africa).

LAVINIA L. DOCK, Honorary Secretary,
International Council of Nurses.

MEDICAL TREATMENT OF HEMORRHAGE.—The *New York and Philadelphia Medical Journal*, quoting from the *Lancet*, says: "Hare was led by physiological considerations to treat deep-seated hemorrhage (hemoptysis, etc.) by promoting the fall of the general blood-pressure by widespread vasodilatation, the administration of amyl nitrate by inhalation being the obvious means of fulfilling this indication. Five consecutive attacks of hemoptysis occurring in four patients were stopped instantaneously by amyl-nitrate inhalation. Hare has not had, so far, an instance of even comparative failure."

SURGICAL ANÆSTHESIA *By **ALBERT H. MILLER, M.D.**

Visiting Anæsthetist to the Rhode Island Hospital, Providence, R. I.

(Concluded from page 28)

ETHER is an anæsthetic in which we are most interested because, on account of its safety, it is used to the exclusion of others. The requirements of a good apparatus for administering ether are safety, which may be assured through impossibility of interfering with a free supply of fresh air, possibility of continuous administration, cleanliness, simplicity, and lack of expense. The open cone answers these requirements. It is made from several sheets of newspaper folded together so as to be about six inches across. This is folded to form a cylinder six inches in length, which, when flattened out, has a long diameter of six or seven inches. (Fig. 1.) The cylinder is covered by a towel which is held in place by two safety-pins. (Fig. 2.) A wad of absorbent cotton or gauze is lightly packed in one end and secured by a third safety-pin. The other end is to be fitted to the patient's face. Both ends are open and the patient can breathe freely through the cylinder.

After these preparations, the first care of the etherizer is to see that his patient is comfortable, reassured, and as quiet as possible. Pour a small quantity of ether on the cotton in the cone. Spend several minutes in gradually approaching the cone to the patient's face. (Fig. 3.) If he coughs or chokes, remove the cone to a greater distance. Time is saved by allowing the patient to gradually become accustomed to the ether vapor. When the cone is close to the face, fit it tightly and administer the ether rapidly through the distal end of the cone until anæsthesia is complete. (Fig. 4.)

The signs of complete ether anæsthesia are unconsciousness, muscular relaxation, commonly tested by lifting the arm and allowing it to drop, loss of the lid reflex, which is ordinarily present when an attempt is made to lift the eyelid, tendency for the pupil to dilate, deep respiration with a tendency to stertor or snoring, with a frequency of about forty to the minute. The time required to obtain complete anæsthesia should be about eight minutes.

After the anæsthesia is complete only a small amount of ether is required. This should be poured into the cone frequently and in small quantities. During the operation keep the head to one side and well back, with the face away from the operator. (Fig. 4.) Keep careful watch of the following four points:

* A lecture to the Rhode Island Hospital Nurses

1. *The color.* Two variations from the normal color may be met with—cyanosis and pallor. Cyanosis is due to, first, mechanical interference with respiration, most commonly caused by the tongue falling back against the posterior wall of the pharynx, or, second, to an overdose of the anæsthetic. The tongue may be brought forward by pulling the lower jaw forward by fingers well back of the angles (Fig. 4), by the tongue forceps, or a suture passed through the tip of the organ. The overdose of anæsthetic, of course, calls for immediate removal of the cone from the face. Pallor may be due to cardiac failure, shock, or hemorrhage, calling for the cardiac stimulants, saline solution subcutaneously and heat externally, or it may be due to impending vomiting.

2. *The respiration.* The respiration should be deep, without marked stertor, and about forty to the minute. For respiratory difficulty, measures may be taken in the following order: pull the tongue forward by traction on the lower jaw, remove the anæsthetic, friction to the lips with a rough towel, artificial respiration, atropine, one-hundredth of a grain, subcutaneously.

3. *The pulse.* For a failing pulse, remove the anæsthetic, give strychnine, one-thirtieth of a grain; digitalin, one-hundredth of a grain; nitroglycerine, one-hundredth of a grain; brandy, normal saline solution subcutaneously. Amyl nitrite may be applied to the nostrils as a last resort.

4. *The lid and pupillary reflex.* The lid reflex is tested by lifting the eyelid with a forefinger. A patient sufficiently anæsthetized has no movement of the eye or lid. The practice of testing the conjunctival reflex by touching the conjunctiva is to be condemned. The pupil should be moderately dilated but should contract when exposed to light.

Too-deep anæsthesia may be detected by dilated pupils which do not react to light, marked stertorous respiration, shallow respiration, failure of respiration, cyanosis, dark-hued blood, and a failing pulse.

The signs of insufficient anæsthesia are return of the lid reflex, contracted pupils, sighing or moaning, cough or interrupted respiration when ether is added, attempt to vomit, muscular rigidity or movement.

If the patient attempts to vomit, crowd the anæsthetic. If vomiting seems inevitable, remove the cone, turn the head and, if possible, the shoulders to one side. There is danger that vomited matter may be inspired and cause a dangerous or fatal respiratory obstruction.

It is the duty of the anæsthetist to see that the body temperature is maintained throughout the operation. The vaso-motor system is so acted on by ether that the surface capillaries are distended with blood and



FIG. 1.—THE OPEN CONE

The flattened cylinder made from a newspaper about to be wrapped in a towel



FIG. 2.—THE OPEN CONE

The short end of the towel has been pushed inside the cone. The long end is being pushed through to be folded over the outside



FIG. 3.—THE FIRST STAGE OF ETHER ADMINISTRATION

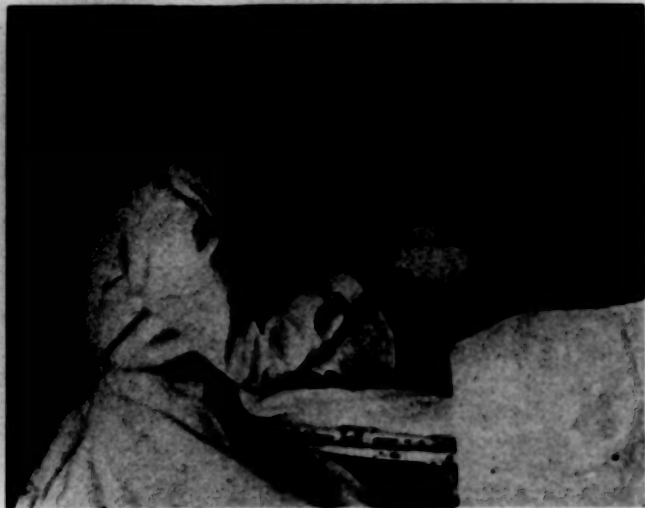


FIG. 4.—THE SECOND STAGE OF ETHER ADMINISTRATION

The cone fitted close to the face. Ether added to the distal end of cone to make administration continuous. The jaw held forward (if necessary) by finger back of the angle

the patient is in an ideal condition to suffer from exposure to cold or draught. Ether pneumonia is often so caused.

The method of administration of chloroform greatly resembles that of ether. An Eschmarch's mask is covered with six or eight layers of gauze. The chloroform is contained in a drop bottle. The patient's face is protected with vaseline. Pour a few drops of chloroform on the mask and approach it gradually to the patient's face. Pour on chloroform drop by drop until anæsthesia is complete, and then more slowly throughout the operation. Have ready ether and a cone, and in case of difficulty change to this anæsthetic, which we have seen to be much safer. An operation commenced before anæsthesia is complete may cause death from shock. The greatest danger from chloroform is from an overdose suddenly administered to a patient who has been allowed to come too far out from the influence of the anæsthetic.

When the operation has been finished, the anæsthetic discontinued, and the dressing applied, the patient is removed to his bed, care being taken that he is well covered and that there is no unnecessary jolting to increase the liability to vomiting. Recovery from the anæsthetic should immediately begin. First the respiration becomes quieter, the lid reflex returns, the pupils grow smaller, although they may dilate if the patient is disturbed or if vomiting is imminent. The eyeballs move from their fixed positions. The breathing becomes intermittently obstructed from efforts to swallow. Coughing, retching, or vomiting may occur. If the patient should remain with evidences of deep anæsthesia for some time after the administration is finished, we may be sure that an unnecessarily large dose of the anæsthetic has been given.

A patient recovering from an anæsthetic should never be left alone. The duties of the nurse seeing him out of ether are, first, to see that the bed has been well warmed by hot-water bottles before the patient is transferred to it. Blankets and hot-water bottles should then be applied. Hot-water bottles should be wrapped in blankets that the skin of the still unconscious patient may not be injured. Second, to keep the patient well covered and protected from cold and draughts. In the particularly susceptible condition of an anæsthetized patient pneumonia is readily and frequently contracted from such exposure. Third, the head should be kept low. Fourth, to carefully note the condition and to report any untoward change. During recovery the stimulating effect of the ether has been removed and there is liability to cardiac failure. Pallor and feebleness of pulse may be due to this or may attend the nausea and vomiting. Fifth, if vomiting should occur, the head and, if practicable, the shoulder should be turned to one side. Temporary obstruction of the respiration is common at this stage. It may be necessary to push the jaw forward

or to clear the mouth. No attempt at nourishment should be made for the first four hours.

The secret of the successful administration of an anesthetic consists in, first, some knowledge of the physiological action of the drugs employed, and, second, in the recognition and careful observance of the signs to which I have endeavored to call your attention. Upon the anæsthetist rests the responsibility of life and death, unless, having noted the signs of approaching danger, he has called attention to them and shifted the responsibility to the broad shoulders of the operating surgeon.

MY IMPRESSIONS AS A POST-GRADUATE

BY MARY ALLENBORN

Graduate Brandon General Hospital, Manitoba, Canada

JUST at this time when nurses all over the country are interested in post-graduate work perhaps my impressions as a post-graduate may be of interest

Trained in a small hospital in Western Canada, and having been graduated two years, I was anxious to enlarge my experience and find out in what ways our work and methods were different from those in large hospitals.

There being no post-graduate school in Canada, and wishing to take a general course in nursing, I entered a large post-graduate school in the United States about March 1. Even before going on duty all my fond expectations were rudely dispelled as I heard a conversation among a number of nurses telling of the long hours, laborious work, and the little benefit they were receiving. One woman in particular spoke disparagingly of the faculty and staff, informing us that the graduates were treated meanly, being given the heaviest and most disagreeable branches of the nursing, ending her remarks by saying, "If I were only starting, I'd leave, but as I am nearly through I'll stay and brave it out."

As I listened I concluded that the post-graduate course was simply a scheme to get cheap nursing. On going to my room I regretted having left my position and felt like packing my trunk and returning. However, upon thinking the matter over I concluded that what others could do I could aim at, and my common-sense prevailed. I decided to try it for myself. But I know that such conversations and remarks by a few dissatisfied ones have discouraged a great many at the start who did not wait to discover the right or wrong of it for themselves.

It was with some trepidation that I presented myself for duty the next morning. I was assigned to the medical floor. On reaching it I was given a certain number of patients to do up. The head nurse gave me a list with the names of the patients and the numbers of their beds, also their respective ailments. She then showed me the wards and left me.

I shall not soon forget my feeling of utter helplessness, knowing that I was expected to know how to do good work, yet not being sure that my way would be theirs; so I simply went ahead and did it as I had been taught, and by and by, by dint of questioning, by being corrected, and by observation I soon learned what the methods were.

It did not take long to learn that many of the nurses were there, not for the experience to be gained, but for the good time they might get out of being in a large hospital in a large city.

It was hard to realize that some had ever been inside a training-school; their work and technique were not worthy of pupil nurses in their first year, yet these same women did not intend to work hard and would not even take their share, and were usually first and loudest in their condemnation of the course.

How often in those first days was my pride knocked to the ground. The nurse in charge would tell me to do a certain thing and then would say, "Do you know how?"

My dignity at such times would receive a shock and I would feel inclined to answer indignantly. Later on I found out for myself how very necessary it was to ask such questions at times.

One thing that was incomprehensible to me at first was the lack of respect the internes had for the post-graduates. The latter often made mistakes, and at such times they were shown scant consideration by the former.

Having worked with and for them a great deal since, I have proved them at all times willing to give credit and praise where it was due, occasionally erring in their judgment. A graduate nurse had to prove herself competent and industrious and her path was smoothed somewhat.

Personally I received courtesy and kindness from all the staff, and numbers of nurses could tell the same story. We concluded that if a nurse did the right thing in the way of good nursing it was appreciated.

Looking back now, I wonder what we expected when we entered. Was it an easy life, going and coming as we liked, or did we come prepared to work, and so in part repay for the experience we were getting? It seems strange to me that so many nurses come here expecting to get a great deal for nothing. Can we expect such a thing in any profession?

The internes in our hospitals have to work hard, as we all know, for the knowledge and experience they gain, and it all depends on the man

whether his hospital work is of any benefit to him or otherwise, and the same applies to the nurse, so why should we expect more than they do?

There were classes and clinics, both medical and surgical, that we were privileged to attend. I went to a good many and liked going, but very often was too tired to go, even when I had the time. Might I make a suggestion here about starting post-graduate courses. Could not it be made possible to shorten the hours of graduates, giving them more time for study and making it compulsory for them to attend certain classes and clinics? To partly cover the expense I would suggest that an entrance fee be charged. This would in many cases keep out undesirable candidates and also raise the tone of the course. In talking with a number of graduates they seemed to be unanimous in thinking that most nurses wishing to take the course would be willing to pay a reasonable sum. Many undertake the work with the idea that more theoretical work is given and do not feel satisfied when they find that only during hours off duty can such work be obtained. I found, however, that if I intimated to the head nurse that I should like to attend certain classes, very often my time off was so arranged that I could do so. This is not always possible, but the nurses were very obliging in this respect.

The assistant principal and also one of the dietetic teachers held classes in practical nursing and dietetics respectively especially for graduates. These classes were so poorly attended that they were discontinued, it being decided it was a waste of time.

Now my course is concluded and I can most honestly say that my work has been of great benefit to me. It has at times been very hard, but it has been a pleasure. I think that from the six weeks of night duty I derived the most experience.

We meet in such a school nurses from every State in the United States and from many parts of Canada, and we exchange ideas, methods, and ways and means of carrying on all work. Some women we meet are an inspiration, and by intercourse with them we cannot help but broaden our minds and be made to feel that we too want to help in our humble way to raise the standard of nursing.

In conclusion I might say to the nurse contemplating taking such a course, Do not be afraid of asking questions, and make every use of the opportunities offered. Remember the reason you are in the school is to learn, and therefore do not resent being told how to work. Every hospital has its own methods; perhaps you do not consider their ways as good as your own, but under no consideration is it wise to proclaim your opinion broadcast. You do not need to feel ashamed or embarrassed because you have to say you do not know—it is no discredit to you. To the nurse who has been private nursing for some years the discipline and

routine will be irksome at first. After a few days you will enjoy it if you do not forget the obedience and etiquette you were taught in your own training-school.

Above all, bear in mind that a good nurse is appreciated wherever she goes. You are a representative, and accordingly as you succeed or fail is the credit or discredit reflected on your training-school.

PRIVATE NURSING IN ITALY

By E. N. LA MOTTE

Graduate Johns Hopkins Hospital

In every city in the United States the attitude taken by the physician towards a nurse graduated from a first-class hospital is about the same; local conditions differ, of course, but in the main her position is alike in each, be it Baltimore, Boston, or San Francisco, or in whatever city she chooses to establish herself for the pursuit of private nursing. There are those of us, however, who get tired of working in our own particular town, and who think that nursing in a foreign country, in a different atmosphere, and amid novel surroundings would be equally profitable and perhaps more diverting, and to them, therefore, this account of what an American nurse will find in pursuit of her profession in Italy may prove useful. It is taken mainly from my own experiences and from sources of unquestionable authority, and though the scene of my particular work was Florence, one may safely generalize and say that the conditions here are those that prevail in Rome and throughout Italy generally.

Florence is an inland town in the north of Italy, of great beauty, extreme age, great historical importance, and as an art centre it is almost without a peer. The population is about two hundred thousand, including a large colony of several hundred British and American residents who have made it their permanent home. At first thought it would seem as if an American nurse would be able to find much of her work among this English-speaking population, but, on the contrary, it is quite the reverse—she will find none of it here. The reason for it is simple enough—foreigners who take up their residence in Italy from whatever cause, economical or otherwise, become soon imbued with the Italian spirit, and as the nursing standard demanded by most Italian physicians is exceedingly low, a nurse or a nun with little or no training in our sense of the word can readily be found who will answer all the requirements of both doctor and patient, and for a sum for which no American nurse would

care to compete. There are exceptions to this, of course, but for the most part it holds good. Naturally an American nurse could be of no use to an Italian patient, not only for this reason, but also because she cannot speak the language, and therefore the only class of people among which she could really find work is that great, shifting, transient population known as "tourists."

This is a class which we have not at all in America; there, when we travel it is to get somewhere, to go from one place to another with a definite object, but here in Europe it is different. People are comparatively idle here, time is abundant, and there is so much of interest to see and to do that a great wave of sight-seers or tourists is continually sweeping over the Continent from place to place, and governed in its movements entirely by the climate or the time of year. When such a wave, whose coming is always anticipated and set for a certain date, strikes a particular city or country and floods it with its hundreds of visitors it is called "the season," and "the season" is good or bad entirely from the points of view of those who profit by it. It is during this period, then, which in Florence extends through March, April, May, and part of June, that an American nurse can be kept busy and on her own terms, and for the most part among her own country people; but, naturally, this dependence on a certain time of year for employment makes nursing rather a precarious sort of business, as except then, or unless she abandons the idea of earning twenty-five dollars a week, she will find her calls few and far between. If one could only follow up this tide of tourists and manage to be in each city or place as it was inundated, one could be reasonably sure of finding pretty constant work, for there is nothing so exhausting as strenuous sight-seeing, and the people who are "doing" Europe for the first and possibly last time in their lives wish to let nothing escape, thereby fitting themselves for a state in which typhoid, pneumonia, or influenza finds them easy prey. As for obvious reasons, however, a nurse cannot be on hand for a round of "seasons," it would be well for her to ascertain beforehand when the season begins in a particular locality and to lay her plans accordingly. It is well also to find out what, if any, portion of the tourist population there is apt to be American, for Americans are the only people who will pay her the accustomed twenty-five dollars a week. A place flooded with English would be useless from a financial point of view.

Competition in the nursing line is great in Italy. It begins perhaps with the young doctors just graduated from the medical schools, and who depend on "nursing" in the early years of their practice for a large part of their income. These young men "nurse" under a regular physician, and are employed from night to night, as the case may be, during

the critical stages of an acute illness, or after operations, etc., for which they receive from forty to sixty francs (eight dollars to twelve dollars) a night. They are said to be excellent nurses; they handle patients and move them in bed with great skill and dexterity, give medicines, hypodermics, etc., are of considerable moral support to the family, and prevent the chief from having to be called up at night. This method obtains chiefly among the Italians, and in all cases there is a nurse or a nun on duty likewise. There is nothing about this sort of nursing that a well-trained nurse could not do, and it is said that the opposition on the part of these young physicians to the introduction of modern hospital training-schools and their output of competent nurses, which would naturally mean to them the curtailment of a very profitable source of income, is a considerable factor in the general opposition to nurses and training-schools that has made Italy so lamentably behind the world's progress in this regard.

Perhaps the most popular nurses here are the "Little Blue Sisters," or "Blue Nuns," so called because of their habit, a nursing order of Irish and Australian extraction. They are about sixty in number, hospital trained, and some are extremely competent, their degree of capability varying, however, and dependent on the length of time that has been passed in the hospital. Their headquarters are at Fiesole, about three miles out of Florence, and their terms vary from nothing a day up to two dollars and a half, depending entirely on the patient's ability to afford their services. The convent receives the money that they earn. The Italian nuns are very inexpensive, two francs (forty cents) a day, which likewise is not a personal remuneration, but belongs to their order.

There are some Italian nurses too, but their number is very limited. They have been trained in Miss Baxter's school at Naples or by Miss Turton in Florence. For their services they are paid at the rate of one dollar a day, but if the case is to be a long one arrangements can be made for ninety francs (eighteen dollars) a month. There is a registry here, and on the books are to be found a few nurses of every nationality, —Dutch, Swiss, German, English, etc.,—all more or less thoroughly trained according to our ideas. A nurse whose engagements are made through this registry pays to it five per cent. of her earnings in addition to the initial fee, but for the most part nurses are obtained through the doctors, who keep a list of their names and average charges, which are sometimes modified to meet the requirements of individual cases. The rates range from five to twelve and a half francs (one dollar to two dollars and fifty cents) a day, the average being ten, but the nurse who charges ten francs for her services at other times asks twelve and a half in "the season" and is usually able to obtain it. An American nurse gets

from twenty-one to twenty-five dollars a week, usually twenty-one, though she can, as a rule, fix her own terms. (There is a pleasing story about a nurse who had a twelve-weeks' case at a pension here at thirty-five dollars a week, but although it is cited quite freely, facts do not seem to support it—certainly it was exceptional, and no one need expect to repeat it.) People who want an American nurse want her badly, and as they are usually Americans, to whom twenty-five dollars a week is the usual thing, such prices do not seem exorbitant, but to an English nurse they are tremendous and grasping beyond all bounds. There are a few English nurses here from the best London hospitals whose top prices are two dollars and a half a day.

From this it will be seen that the field is full of rivals, and when it is remembered that the doctors here are not used to, do not expect, and do not care for well-trained nurses the outlook is not promising. There are, of course, exceptions—modern, up-to-date, progressive men, who realize the value of skilled, intelligent assistance, and these are generally the physicians employed by the travelling American when he falls ill; but, unfortunately for nurses, American patients are sometimes "out of season." If, then, one wishes to find herself busy at other times than the spring of the year, she must bring her prices down to those asked by nurses, and good ones too, of other nationalities—and this is a hard thing to do. I have had two or three English nurses say to me, "Five pounds a week! Oh, but isn't that rather hard on the poor patients?" Well, of course, that is one way of looking at it. On the other hand, I learned that a patient who was willing to pay two dollars a day (or less) frequently exacted sleepless nights, wearing days, and a general surrender of vitality on the part of the poor nurse. I had an English patient once in a small private hospital. When she wanted to brush her teeth or have any homely office performed for her she insisted on having one of the servant nurses of the establishment to wait on her; when she wondered whether it would be harmful to lie on her side (she had pleurisy) she would send for the doctor and ask his opinion. A nurse of my calibre she could not understand and had no use for—she preferred to order a servant and to ask of a medical man. Undoubtedly she was a crank, but she was likewise a type—a type of the public here which is as yet uneducated as to what offices and intelligence may be combined in the person of a trained nurse. The public here has much to learn, the nurse who is glad to work for two dollars a day because it is hard on that public to ask more has much to learn, and until the proper ratio of give and take is established between the nurse and the public by means of the physician, nursing here can never be on the same basis as it is with us.

As to the life and the living expenses of the nurse herself: There

is a very prevalent belief that Italy is an exceedingly cheap country to live in, and from the householder's point of view this probably is true, but to a nurse, an individual unit to whom house-rent, servants' wages, and the food market are of no concern, the difference is not so apparent. The comforts of life, those things which to us through long habit have become necessities, are here still regarded as luxuries, and luxuries, judged by whatever standard, are expensive. There are no bathtubs such as we are accustomed to, except in some of the larger pensions and hotels; hot water is a thing that is carried up from the kitchen (usually basement) in tin cans; in many houses lamps and candles are the only source of artificial light, and the Italian idea of what in cold weather constitutes a warm room bears no relation whatever to our conception of one. These things, of course, are all procurable, every one of them, but not if one desires to live cheaply; to obtain them one must pay relatively considerably more than for the same things at home. Street-car fare is two cents, but one can seldom reach one's destination by them, one merely asks which line of "trams" will take one nearest it; for direct transportation one must take a cab, which in themselves are cheap enough, the fare being only one franc (twenty cents), but even cab fare, little enough though it be, amounts to more in the end than five-cent car fare. Washing is really inexpensive, and it is about the only thing for which one gets the exact equivalent here as at home. A good, liberal week's wash, including six or seven aprons and as many collars and pairs of cuffs and a couple of uniforms, comes to something under a dollar, and is beautifully done too. Clothing—that is, dress material—costs little if one knows how to buy it, and the making of it is very inexpensive too if one knows how to find a cheap little dressmaker, but this, unfortunately, one cannot do unless one has a friend who lives here and is thoroughly familiar with all the intricacies of "bargaining." Alone, one would be able to buy clothes and have them made on little if any better terms than in America, for over here all Americans are supposed to be rich, and to the shopkeeper they are his natural and legitimate victims.

As to languages, English will carry one through very well provided one keeps close to the beaten track and no emergencies arise. French is very, very useful, a necessity almost, as nearly all Italians speak it, from the shopkeepers down to the hotel chambermaids and cabmen, and even if one has only a little of it at command, it will prove of untold value. As to Italian, one can get on perfectly well with the hotel servants, etc., by knowing just a few needful words or phrases for such common things as "hot water," "milk," "eggs," etc. Helped out by plentiful gesticulation, it is surprising to see how far and how well one can get along in this elementary fashion, though I must say I was con-

siderably surprised one day when my patient had been ordered to take his first drive one afternoon and I had ordered a carriage at four, to find that the order had been construed into meaning a carriage and four, and that they were hunting the town over to get a four-horse coach at such a short notice! A little dictionary is a good thing to have, since in a tight place one can point out one's wants, but dictionaries are rather treacherous, as they are apt to fail one in a crisis by leaving out the right word. Phrase books are abominations—a laboriously pronounced ten-word sentence generally brings forth a fifty-word reply which defies comprehension!

Nursing at a hotel or pension is usually very nice; the cases are, as a rule, acute, and the joy of a sick traveller when amidst all the strangeness of foreign life, foreign food, and foreign tongues he realizes that he has a genuine American nurse to take care of him is something good to behold. One wears uniform when on duty, and the meals are served in one's room, which does away with the long absence from the patient during the prolonged and tedious table d'hôte lunches and dinners, which last usually for an hour and sometimes longer.

The hours off duty or between cases I shall make no effort to describe. They are the hours that make everything worth while—they are the hours for which one comes abroad!



SUBLIMATE IN PUERPERAL INFECTION.—*The Journal of the American Medical Association* has an abstract of an article in an Italian contemporary, *Gazzetta degli Ospedali*, as follows: "Fabio describes a case of severe puerperal infection, apparently in the last stages when first seen. He injected intravenously three milligrams of a one per thousand solution of sublimate, with local measures. The temperature declined a little the same evening and there was slight abatement of the symptoms. Six intravenous injections were thus made in the course of a week, after which the patient was soon restored to health, an extensive ulceration of a laceration of the vagina having healed completely." [Bidoli has recently published a similar case of recovery under sublimate as a last resource (*F Policlinico*, July 9). The patient was apparently moribund.—Ed.]

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



OBSTETRIC AND GYNÆCOLOGIC NURSING. By Edward P. Davis, A.M., M.D., professor of obstetrics in Jefferson Medical College, Philadelphia, and in the Philadelphia Polyclinic; obstetrician to the Jefferson and Polyclinic Hospitals; obstetrician and gynecologist to the Philadelphia Hospital. Second edition, revised. W. B. Saunders & Co., Philadelphia, New York, London.

A late addition to the catalogue of books on nursing and for nurses is this very smart and new edition of Dr. Davis's book, which comes to us in a most attractive and artistic binding of blue linen, and is well illustrated, although the illustrations are more conservative than we often find in books on this subject.

The dominant note of the book is the practical: the preservation of the mother's figure, the wardrobe of the child, the patient's getting up, diet, visitors—there are so many practical points noted that show a thoroughly sympathetic knowledge of the subject as the patient knows it—a putting yourself in her place one seldom finds or expects in the keen, businesslike attitude of the specialist of to-day. Another special feature is the directions, under various headings, to nurses overtaken by emergencies occurring in the doctor's absence. We all know how aggravating it is to have minute particulars of what the doctor's action will be when he does get there, and little or no advice of how to proceed without him. On this point Dr. Davis is particularly generous and helpful, reminding comfortably that nature is not apt to hurry towards trouble. The directions for preparing surgical supplies are very simple and clear and include many enlightening details; indeed, the book as a whole is notable for brevity and clearness, touching many points but dwelling long on none; in this respect it makes an excellent book for reference rather than for study. Dr. Davis's preface makes a generous acknowledgment of the assistance he has received from various sources. He says:

"In preparing this book much valuable help has been given by Miss Ellen V. Hayes, chief nurse of the Jefferson Maternity, and Miss Mary E. Baglar, formerly clinic nurse. The dietary has been kindly furnished by Miss A. B. O'Laughlin, dietician in the Jefferson Medical College Hospital. The writer is indebted to Miss M. E. Smith, late chief nurse of

the Philadelphia Hospital, and Miss S. C. Hearle, directress for nurses in the Jefferson Medical College Hospital, for data regarding the preparation of surgical supplies. He has profited largely by the experience and practical suggestions of Miss Margaret Russell, for seven years chief nurse of the Jefferson Maternity."

Here are six women willing, for anything we know to the contrary, to let their efforts go to supplement and enrich the work of one man. Surely by the expenditure of thought and study on their own behalf they could give us something entirely their own. We need more books for nurses written by nurses. We want very much to see conditions reversed—the graceful acknowledgment of nurses to their teachers and superiors occupying the preface page of a book on special nursing. But in the meantime we are not ungrateful for what we have because we ask for more. Many nurses, both pupils and those in practice, will find in Dr. Davis's latest edition of his book what they have sought in vain for elsewhere, and it is likely to prove to many a perplexed nurse a help in time of need.

GYNÆCOLOGICAL NURSING. By Miss Netta Stewart, sister in the Extra-Mural Gynæcological Wards of the Royal Infirmary, Edinburgh. William Wood & Company, New York.

It is with much pleasure that we welcome the American edition of Miss Stewart's book, which was reviewed in these pages at the time of its earlier English edition. May it prove to be an inspiration to some American "sister" in no way behind Miss Stewart either in experience or knowledge of her subject to give us a like book.

THE STORY OF MY LIFE. By Helen Keller. With Her Letters (1887-1901) and a Supplementary Account of her Education, Including Passages from Reports and Letters of Her Teacher, Anne Mansfield Sullivan. By John Albert Macy. Doubleday, Page & Co., New York.

A most astounding chronicle of triumphant and victorious patience is this story of Miss Keller's life, mostly from her own pen, although supplemented by notes from her teacher and some editorial and explanatory passages from Mr. Macy. One can't help hoping that the title is an error, that Miss Keller's life is yet before her, and that she may find that the time she has lived was not her life at all, only the preparation for life—her very difficult, complex school time. Miss Keller's sweet patience under her affliction, especially when that dreadful affliction which hid the whole world from her, but was not able to hide her from the world, brought to her, a tiny child, the cruel and unjustly suspicious

accusation of those she had learned to love, would be indeed incredible had she not been prepared earlier still by fierce battle with her baby passions to rule her own spirit. A great factor in the marvel of Helen Keller is her teacher, who seems to have recognized very early the greatness of her own vocation, as she writes to her friend, Mrs. Hopkins, at the end of her third month: "Right here I want to say something which is for your ear alone. Something within me tells me that I shall succeed beyond my wildest dreams. Were it not for some circumstances that make such an idea highly improbable, even absurd, I should think Helen's education would surpass, in interest and wonder, Dr. Howe's achievement (Laura Bridgeman). I know that she has remarkable powers, and I believe that I shall be able to develop and mould them. I cannot tell how I know these things. I had no idea a short time ago how to go to work; I was feeling about in the dark; but somehow I know now, and I know that I know. I cannot explain it; but when difficulties arise I am not perplexed or doubtful. I know how to meet them."

The book itself is justification of Miss Sullivan's faith. Written at the age of twenty-one years, it would have been a creditable achievement to any girl of the same age. The style is very good—the moderation wonderful, considering the personality of the writer, who, grown up, is still something of the child who at eight years of age had planned a trip to Africa, intending to bring back "a baby lion, a white monkey, and a *wild* bear." Later her spirit of adventure made her find pleasure in going out alone in her rowboat, "steering by the scent of the lilies and water grasses." Like many blind people, she continually spoke of "seeing" things. She makes us realize that "the mind has a thousand eyes." That she has seen much—very much—that escapes the vision of those who are quite perfect as to their eyes but lacking in some of the finer qualities of heart and mind is very evident. She, more than any young writer of whom I know, is fitted to teach others how to see.

The world-wide sympathy that came to her, the men of great affairs who still had time to write kindly encouragement, the interest she aroused for children in like affliction to her own, but less kindly provided for, make one glow with satisfaction and desire to do one's part in the world. Taken altogether, I cannot name a book more likely to carry the mind of the reader far beyond reach of the sordid problems of the day, and one wonders if Miss Keller knows how great a gift she has given in her story. One hopes she does.



NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL

THE MENOPAUSE.—The *Medical Record* in an abstract of an article in the *Mobile Medical and Surgical Journal* says: "J. L. Ellis finds the matter of the menopause a neglected field of research, and yet probably this epoch in a woman's life is more important than any other. The free action of the emunctories should be carefully maintained throughout this period. The menopause affects the kidneys by checking secretion. It is not yet determined just how this is done. Attention to food products and proper exercise should be given the preference over drugs wherever this is admissible. Milk and buttermilk are good diuretics, and so is water. In regard to the bowels, the writer inclines to the use of cascara and Epsom salts. The former should be taken regularly in three- or five-grain doses every night, or as often as may be needed. The salts are especially good for overcoming the congestion of the pelvic viscera. Preferable to either, however, is the use of laxative foods and fruits at breakfast. An adequate supply of liquids must not be forgotten. The morbid or peculiar action of the skin is most evident during the menopause, principally in two ways, flushings and sweatings. It is natural enough that the extensive area of cutaneous nerve-endings should share in the common reflex or sympathetic disturbances, so-called, so prevalent at this period. There may be other disturbances, such as eruptions and oedema. During these periods women are usually in a sensitive, nervous state, in a condition of general hyperaesthesia. Excitement is apt to favor flushings and should be avoided. As to treatment of this condition, the general condition of the patient must be considered and everything possible should be done to insure as normal health as can be secured. The bromides are given for excitability. In the case of feeble women the additional benefit of nux vomica or strychnine should be offered. Stimulation of renal activity often cures excessive sweating. Moderate daily exercise, especially in the open air, cold sponge bathing, or sponging the surface with alcohol, or tepid sponge-baths in the very weak, tone up the nervous system, so that sweating due to relaxation soon disappears. The circulation should be good and the respirations deep and frequent. A moderate amount of exercise insures this better than any drug can do under most circumstances. One of the best exercises

for the lungs is singing. Change of life is not a disease. No special disease is peculiar to this period. The key to the treatment, according to the writer, is to remember the hypersensitive state of the reflexes."

RADIUM.—The *New York and Philadelphia Medical Journal*, epitomizing a paper by Dr. Robert Abbe in the *Medical Record*, says: "Abbe has cured common warts, lupus, epithelioma, and sarcoma with radium. He details a number of experiments that have been conducted to determine the action of radium. Two of these experiments may throw some light on its therapeutical action. (1) If seeds are exposed to radium for a few days before planting, they either do not grow or show feeble powers. (2) If meal-worms are exposed to radium, many will die, but those which live on show such retardation, that while those of the control test pass through the cycle of life, becoming beetles, which lay eggs, which grow to worms during the allotted three months, and repeat this cycle three or four generations, the radium worms still remain meal-worms. These two observations may explain why in some cases of malignant disease, apparently cured by radium, microscopy shows in portions of excised tissue the presence of malignant cells. May the explanation be that these cells have been robbed of their vitality like the seeds and worms referred to? In radium emanations we have to deal with a very subtle force, unlike that of Finsen light or Röntgen rays, though strongly resembling them in effect, and efficient in some cases in which these fail. The Becquerel rays given off by radium may be rated as much stronger than Finsen light, as they are weaker than Röntgen rays."

A SIMPLE METHOD OF CATHETER STERILIZATION.—*American Medicine*, quoting from a foreign exchange, the *Centralblatt f. Gynäkol.*, says: "Guseff for this purpose utilizes a nickel tube twelve millimetres (twenty-fifths inches) in diameter and twenty-one centimetres (eight and four-tenths inches) in length. Near the one end of the tube two wires run transversely and at right angles to each other; these wires act as a support to the cotton plug, which occludes the lumen of that end of the tube; the plug is introduced from the opposite opening. He uses nickel catheters instead of the glass because of the fragility of the latter. The catheters are placed into the tubes and then the other opening of each tube is closed with another piece of cotton; after this is done the tubes, with the contained catheters, are placed in the autoclave and sterilized under pressure, or they may be sterilized by means of dry heat. When sterile, the tubes with their contents are put away until wanted. In this way ten or twelve sterile catheters may be kept on hand. After they

have been used the catheters are washed, replaced in the tube, and resterilized.

YEAST POULTICES.—The *Journal of the American Medical Association* says in a synopsis of a paper in the *Indiana Medical Journal*: "Kempf reports six cases of sepsis and gangrene in which the yeast poultice was used with satisfaction. His method is as follows: Bear yeast, one quart; corn-meal, finely sifted, one pint; mix and place the mixture near a fire until it rises. Then mix the thin raised dough with about two ounces of finely powdered charcoal. Apply the mixture on a thick cloth directly to the affected part and renew every twenty-four hours. It becomes dry and adheres to the parts but can be removed readily with warm water. This is a most efficient antiseptic poultice for the treatment of gangrene, erysipelas, eczema, ulcers, etc."

RADIUM IN NERVE THERAPEUTICS.—The *Journal of the American Medical Association*, quoting from the *Paris Semains Medicales*, says: "Foveau de Courmelles describes numerous experiences to show the great sedative power possessed by radium. It soothes pain, whether organic or cancerous, nervous or neuralgic. Some cases of facial neuralgia and one of sciatica, long rebellious to other measures, yielded to the action of the radium rays. The girdle pains in two cases of ataxia were cured, one by the radium and the other by the Röntgen rays. The subjects were not informed in regard to the nature of the treatment, so he thinks that suggestion may be excluded."

BIRCH-LEAVES AS A DIURETIC AND SOLVENT OF RENAL CALCULI.—The *New York and Philadelphia Medical Journal* says: "Jaenicke finds that a decoction of birch-leaves in the proportion of a heaped teaspoonful to two hundred and fifty cubic centimetres of boiling water, boiled together for five to ten minutes, and taken in doses of two cupfuls *per diem*, to be an effective remedy for renal calculi. At first calculi the size of a pea were discharged, later the concretion was passed in the form of coarse sand."

NERVE-BLOCKING TO PREVENT SHOCK FROM AMPUTATION.—Dr. Hermann B. Gessner describes in *American Medicine* two cases in which the shock following amputation of the thigh was prevented by injecting cocaine into the large nerve-trunks before dividing them. About one grain in solution was used.

THE GUILD OF ST. BARNABAS



THE MEETING IN BOSTON

THE eighteenth council of the Guild of St. Barnabas passed off delightfully. The weather was good, the guests charming, and the hosts charmed.

The council had its opening service on the evening of Monday, October 2, at the Church of the Advent. On that occasion we were honored by the presence in the chancel of four bishops! The Bishop of Pittsburg presided, Bishop Lawrence and Bishop Coleman attended, and Bishop Brent preached. As each bishop wore his hood and was attended by one or two priests and two acolytes, the effect was most impressive. We must not forget the organist, part of the choir, and last, but by no means least, the rector of the Advent, who read the service and extended to all the delegates the hospitality of the church. Bishop Lawrence also spoke a few words of welcome.

Bishop Brent's text was from 2 Kings vi. 16, where Elisha, to soothe the fear of his servant when the hosts of the Syrians were sent against them, says: "Fear not: for they that be with us are more than they that be with them." The preacher spoke of the great care which was shown in scientific research and the skill displayed in technical knowledge, and said that these things—good of themselves—helped to give a materialistic tendency to the thought of the age. It was for nurses and doctors to show their patients that the forces that made for life were stronger than those that made for death. Many a patient has died of fear because his eyes could not be opened, as were those of the prophet's servant, to see the horses and chariots of fire round about him. If a nurse does not have this vision, this surety in herself, she cannot give it, but the heavenly defence is surely about every true servant of God.

After the service a reception was held in the Parish-House and all much enjoyed the meeting, while it was delightful to see Bishop Brent again. At the business meeting the next day at St. Paul's Parish-House everything went most smoothly and harmoniously. The chaplains roared as gently as sucking doves, the nurses actually talked, and all went well. Among the subjects discussed were the amendments to the constitution, and the most generally interesting point here was an addition creating honorary associates, to be Christian women, interested in the work, but

not of our own Church. This supplied a want we have wished to meet, but one for which we did not feel justified in upsetting our whole scheme of government.

The Pension Fund also came up for discussion, and it was voted to take steps towards it and to request the committee to draw up a working scheme and report at the next council.

The report on our united benevolent work showed that we had raised the six hundred dollars necessary to support a nurse in the mission field, and it was voted to send this to the Philippines and to pledge as much more for two more years, to be disposed of as the Board of Missions might see fit.

After a very pleasant lunch, in which much sociability was mingled, the business meeting was resumed and the question of the guild paper came up, it being necessary for us to make some new plan, as *THE AMERICAN JOURNAL OF NURSING* has no more room for us. The matter was referred to the judgment of the general officers.

As Father Osborne, the founder of the guild in this country, was present, he addressed us at the request of the chaplain-general and spoke of the contrast between the first meeting of fifteen members and the present gathering.

The chaplain from our infant branch, Charleston, S. C., was present and made himself most agreeable, giving us a pressing invitation to meet with them next time, which was accepted, and we look forward to that meeting with pleasure.

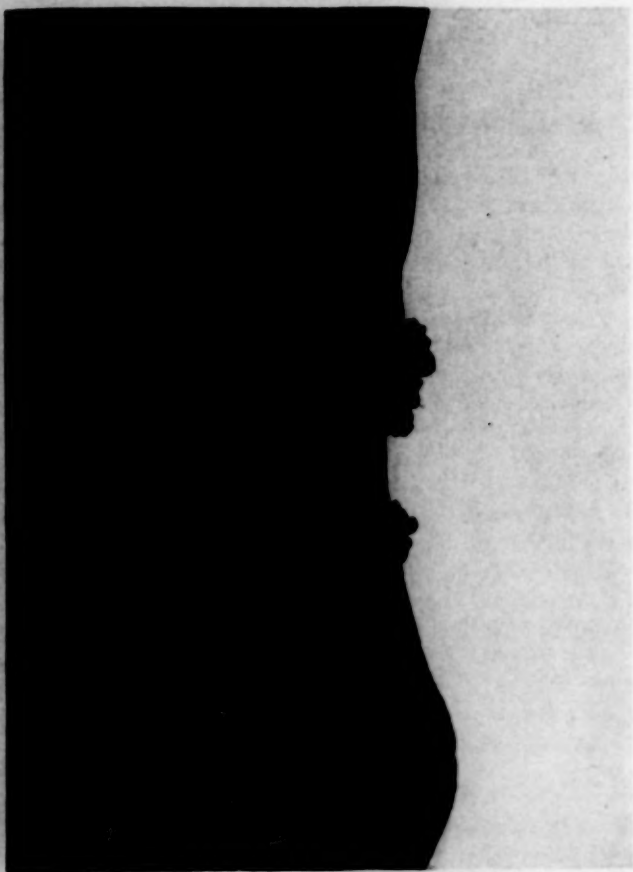
A most delightful reception, given by Mrs. S. V. R. Thayer, closed the council, which had gone off without a hitch, save that we missed the presence of our dear general secretary, whose absence was made necessary by her husband's illness.

In this, our last appearance in the pages of the *JOURNAL*, we wish to thank them for past kindness and wish them all success.



MEDICAL TREATMENT OF DEEP-SEATED HEMORRHAGE.—*The Journal of the American Medical Association*, quoting from the *Lancet*, says: "Here reduces the blood-pressure in the bleeding area by promoting the fall of the general blood-pressure through widespread vasodilation and the administration of amyl nitrite by inhalation. It is applicable not only to cases of hemorrhage from some part of the systemic circulation, but also to pulmonary hemorrhage. Five consecutive attacks of hemoptysis occurring in four patients were all stopped instantaneously by amyl nitrite inhalation."

FIGURE 17





RELIEF OF ASKLEPIOS, FROM EPIDAUROS

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



AN ANCIENT GREEK SANITARIUM

Those who, interested in things pertaining to the care of the sick, travel in Southern Europe and inquire into ancient history and legend, will find that both history and legend bring them up to the mystic name of *Æsculapius* (as it is called in Italy) or *Asclepios* (as it is called in Greece). We mentioned not long ago the temple of *Æsculapius*, which was established on an island in the Tiber where a Roman hospital now stands, but to meet *Asclepios* himself one must go on to Greece, a land of many and varied enchantments. *Asclepios* was, according to mythology, a son of *Apollo*, who was the god of medicine and healing. His daughter was *Hygeia*, and his sign was the sacred serpent, emblem of wisdom. He was a physician and surgeon of such wonderful powers that it was said that he was finally struck by lightning and killed by *Zeus* (the greatest of the gods), who became jealous of the way in which *Asclepios* restored the dead and dying to life. He had two sons who were great surgeons, who went with the Greek army to the Trojan war as military surgeons.

Whoever goes to Constantinople and visits the Imperial Ottoman Museum will see, in the room where the relics are gathered which were excavated by Dr. Schliemann at Troy, a small collection of surgical instruments looking very much like our own—a bistoury, some forceps, a little curette with probe handle; these, no doubt, were used by the sons of *Asclepios*, who must undoubtedly have been a real physician, and to whom we must now return.

There were many shrines and temples erected in Greece to *Asclepios*, but the most interesting of all was at *Epidauros*, where there was, long before the Christian era, a most complete and magnificent sanitarium, with a hospital for the sick, hotels for their friends or for patients, gymnasium, baths, gardens, temples for sacrifices and religious rites, and a beautiful "temple of *Asclepios*," which we, of course, may feel certain must have been the great physician's private office.

Enough of the ruins of all these buildings remain for one to judge perfectly how fine they must have been in ancient times. They were built

entirely of white marble, and set on a spacious plain high above the sea and surrounded by a most beautiful circle of hills, which even yet are quite richly wooded and were probably in the ancient times thickly covered with pines—an ideal site for a sanitarium and health resort. On the side of one hill was a large Greek theatre, still in an excellent state of preservation, and in the gymnasium, which (according to the books) was a Greek building, are the well-preserved remains of a small Roman theatre. No doubt this was built especially for the patients' amusement after their gymnastic exercises had been taken.

The hospital must have been beautiful. Nothing of it remains in place now but the foundations and door-sills, but by these outlines one can see that it was an enormous square, or nearly square, building, divided into small rooms, just the right size for private patients, which opened into colonnades or courts. Most interesting also are the remains of the gymnasium and the bath-houses, and of the ancient water-pipe system. In several places one can still see the water-pipes, which were made of earthenware in vase-shaped sections, one fitted into the other.

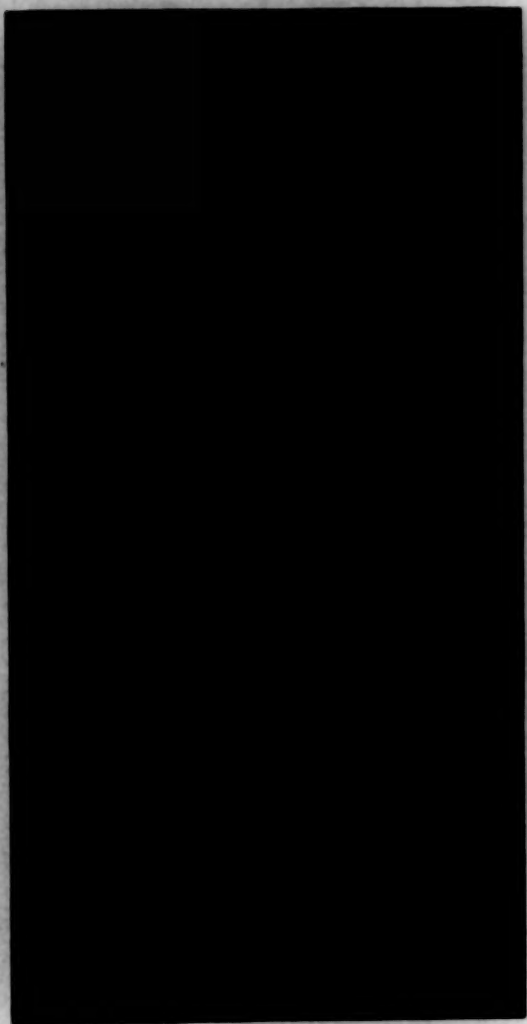
The archaeologists have found many large stone slabs on which are inscribed records of the cases and their cures. From these it is quite plain that hydrotherapy was well developed and that surgical operations were performed sometimes.

No mention of nurses can we glean from these old histories, though there is plenty about priests. But we know that where there were hydrotherapy and surgery there must have been nurses of some kind, be they called priests or what not, and one can easily imagine them, dressed in the beautiful white drapery of the Greek statues, going every morning to take their orders at the temple of Asclepius.

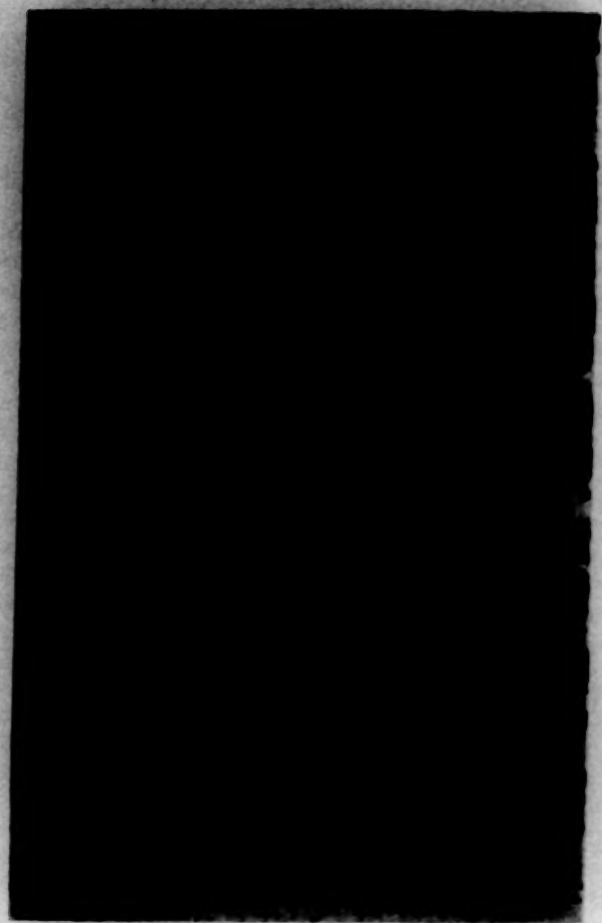
Many remains are seen of semicircular marble seats, like glorified park benches, which were placed about in the grounds for the patients to sit on.

In the museums are many fragments of the old buildings, pieces of columns, votive offerings given by grateful patients, statues of sick people, etc., but only one which has a distinctly medical character, this being a marble slab on which is carved a small bag which looks exactly like a surgeon's hand-bag of to-day, only rather smaller, and a scale with weights and measures. Of this slab, unfortunately, no photograph is to be found.

The trip to Epidaurus is made by carriage from Nauplia, taking an early start, six or half-past six in the morning, and returning by evening. Lunch is carried and set out by the concierge in a little summer-house on the hill beside the theatre. He provides wine, condiments, etc., and in the afternoon serves coffee and Greek confections under the trees in front



1975



of the museum. The spring is the time to go, as one then receives the most delightful impressions of what this famous old health resort must have been like to the sick who repaired to it.

The most complete collection of photographs of Epidaurus is that of the English Photograph Co., Beck's book-store, Constitution Square, Athens. He will send English and French catalogues, and photographs may be ordered by mail.

The Greek Archaeological Society will before long issue a new edition of a book by P. Cavadias, written in French and called "*Fouilles d'Epidaurus*," which will give a complete account of all discoveries, up to the latest, made in the excavations at Epidaurus. This book will show photographs of the slabs which bear the inscriptions describing the cases and their treatment, and will also, no doubt, give translations of the same.

ITEMS

THERE was a very brilliant ceremony at St. Bartholomew's Hospital in midsummer, when the King laid the foundation-stone for the new buildings which are to be erected on the grounds of this ancient and most admirable and interesting of historic hospitals. About three thousand people witnessed the scene, which was brilliant and impressive. The stone was laid near the site given in 1123 by Henry I. The Queen, who was made a governor of the hospital, had the "charge" of ancient times read to her as follows: "Your Majesty having been elected and chosen a governor of St. Bartholomew's Hospital, it is your duty and charge to acquit yourself in that office with all faithfulness and sincerity, endeavoring that the affairs and business of the said hospital may be well ordered and managed, and promoting the weal and advantage of the poor wounded, sick, maimed, diseased persons harbored in the said hospital. To this end your Majesty is now admitted a governor." A pleasant account of the whole day appeared in the *League News* of St. Bart's Nurses for July. The patients who were carried out to see the ceremonies, it said, declared that they had never had such a grand day.

THE School Nurses in London, who were established some six years ago by Miss Honnor Morten, at that time a member of the School Board, have been supported since then by a voluntary society. They have so signally demonstrated their usefulness that they have now been taken over by the London County Council and established as municipal officers. They are to be under the direction of the medical officer of the Public Health Department, and the staff has been increased to twelve, at

salaries beginning at eighty pounds and rising to ninety (about four hundred to four hundred and fifty dollars).

The Education Boards of Brighton and Widnes, near Liverpool, have also recently secured the services of "Queen's Nurses" for their schools.

So the movement of introducing the nurse into the public schools goes on steadily, for the school authorities now realize that it improves the average attendance of the children.

THE British Medical Association at its meeting in Oxford in July passed a resolution approving of the principle of registration, and directed that it be sent to the select committee of the House of Commons. This will, no doubt, be of substantial support to the registration cause.



ASEPTIC CATHETERIZATION.—*The Journal of the American Medical Association* in an abstract of a paper in the *Medical Press* says: "The authors consider the sterilization of catheters, the preparation of the urinary canal, and the introduction of the instruments in an aseptic manner. They detail a large series of experiments with infected catheters and summarize these methods of sterilization which prove to be safe and simple as follows: 1. Soft rubber catheters are rendered sterile by being boiled for five minutes, preferably in sodium chlorid solution, care being taken that the solution fills the lumen of the catheter. As a matter of precaution the catheter should be washed with soap spirits and running water after use. 2. Hard rubber and silk and cotton woven catheters should be boiled five minutes in a saturated solution of sulphate of ammonia. Each instrument should be wrapped separately in gauze or a towel, or, if several catheters are to be sterilized, in such a manner that their surfaces shall not come in contact with the sides of the vessel or other catheters. 3. Ureter catheters can be folded and wrapped in a towel so that their surfaces are kept apart and boiled for five minutes in a saturated solution of ammonium sulphate. 4. Cystoscopes should be sterilized by first washing them in soap spirits and water, then vigorously rubbing them for two minutes with two different pieces of gauze or cotton wet with soap spirits, and then with alcohol, for one minute. The channel of the catheter can be cleansed by means of a brush, first brushing with soap spirits and then with alcohol. Instruments can be kept aseptic if they are snugly wrapped in a piece of gauze or towel wet with soap spirits."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: The physician and nurse are each reckoned the servant of the public.

Should not the liberty to specialize, freely granted to the one, be allowed to the other?

The all-round practitioner is rare among us nowadays. Commonly the obstetrician does not practise surgery nor the surgeon obstetrics. The general practitioner will send you to the dermatologist with your skin affection, to the aurist with your troublesome ear, or to the orthopædic surgeon with your diseased joint. The orthopædist, in his turn, will promptly refer a medical case to the physician.

When a nurse has completed an all-round training and a period of general practice, why should she not devote herself to that line of nursing for which she judges herself best fitted by temperament and aptitude? To a certain extent she must inevitably do so.

The obstetrician and the surgeon do not countenance their nurses in taking contagious work; the child specialist demands a nurse who has had special training in the care of infants and children, and the surgeon a nurse thoroughly versed in surgery by its continuous practice.

A nurse who by accident of circumstance has been doing medical work for several years may justly feel herself inadequate to the care of an acute surgical case.

Again, the nurse of highly strung temperament may be distinctly ill-adapted to the care of the neurasthenic case, which the nurse of phlegmatic temperament can easily carry through to a successful issue.

In a small community where there is a limited number of nurses we would, of course, feel called upon to answer every sort of call; but in the large centres, where there are plenty of us to supply every line of nursing, it would seem as if specializing might be the justifiable order of the day.

The question also arises: should regular nurses take work for irregular physicians?

Though I believe the feeling is not universal, some physicians emphatically maintain that it is undignified for a regular nurse to take work for a homœopath or an eclectic. Also, the nurse who has strong convic-

tions in the matter is apt to feel dishonest in serving under a standard in which she does not believe.

I would be glad to know what is the general feeling on this subject.

A GRADUATE

[We are very glad to publish this letter, which has been called out by our Editorial Comment in October, "The Path of Duty." There is always the other side, and we hope our readers understand that our pages are open for free discussion on every subject that concerns nurses. We would be glad to have further discussion of the subject, and will take it up again later.—Ed.]

HOW WILL THE HIGHER EDUCATION AFFECT THE NURSE IN PRIVATE PRACTICE?

FROM a financial point of view not at all, for the nurse engaged in private nursing will still have the privilege of earning her twenty-five dollars to thirty dollars a week, or whatever sum she likes to charge, and this amount we must remember includes her board and laundry for the time being. So, after all, I do not think she is so badly paid. Take any other occupation belonging to womankind. Compare the salaries so earned. How many can lay claim to one hundred clear dollars per month? Of course, a nurse is not employed all the year round. However, it is seldom she is idle more than three months of the year. So on an average the income will be about nine hundred dollars to one thousand dollars per annum.

The work will still go on being the same. It is no doubt hard and trying, but I cannot help thinking it quite a nurse's own fault if she sacrifices her own health in trying to do impossibilities in the way of foregoing sleep and recreation. For we are but human, and the public know that, like themselves, we too must have regular sleep either by day or night. So why think ourselves such martyrs? Half of it is imagination and the outcome of being dissatisfied. But it is the same with nearly all private nurses. Get a bevy of them together and you will hear the same story over and over again. One complains because she does not have the particular kind of food she likes, another because she could not go out when it suited her, and a third had too many steps to run up and down, and so forth.

No higher education or State registration will affect the routine of our daily work—in fact, it will increase rather than diminish. And we ourselves as individuals ought to be glad that the time is so close when we shall be placed on a sphere never attained before in our profession. For soon the name of nurse will have a significance and a social standing of its own, whereas before it meant anything or nothing. For instance, I was called to a family not very long ago and one of the children casually said

to me, "I have seen you go past the house often, but did not know that you were a nurse. I thought you were a lady, like mother." And again, how often in England, more so than in America, is a private nurse asked to take her meals with the servants, and when she quietly refuses there is much astonishment. It is in this respect we in private practice shall derive the benefit of our new laws and regulations.

Hospital life will continue much as before, with the salary unaltered. The work was ever philanthropic, and is based upon philanthropy, so that it is nigh impossible to sever the two. As for nursing being a grind, no, emphatically not! If we find such state of affairs exist with us, then it is quite time to leave the profession, for we shall cease to do much good.

In conclusion, the only way for these poor nurses who think their lives are so hard and their hours so long would be to organize some kind of union similar to that of the laborer, or any other workingman's union, and as for being physical wrecks after twenty-five years of service, I have no belief in it, for I know women who have been in the profession twenty-odd years and are still vigorous. Personally I fail to see what more benefits our nurses desire.

ALICE E. DRENNAN, City Nurse,
Harrisburg, Pa.

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



VALUE OF DISINFECTANTS.—The *New York and Philadelphia Medical Journal* in an abstract of articles in the *British Medical Journal* says: "Klein calls attention to the fact that the ordinary bacillary tests of disinfectants do not present the same conditions as are actually met with in the human body. In the tests simple watery emulsions of the bacillus are used, while under actual conditions, besides the bacteria, various tissue elements (leucocytes, tissue fibres, etc.) are met with. Thus a certain disinfectant completely disinfected a watery emulsion of typhoid bacilli, while the same disinfectant could not disinfect a typhoid stool in fifteen minutes. Sommerville reports the results of experiments undertaken to determine the relative bactericidal values of sanitas, formalin, and carbolic acid as applied to the typhoid bacillus. He found carbolic acid to be by far the most efficient, formalin being 0.4 and sanitas 0.03 per cent.

EDITOR'S MISCELLANY



THE SOCIAL URGENCY OF TUBERCULOSIS.—That tuberculosis is pre-eminently a disease of man in society and that it must be met by social as well as medical measures—two facts to which the organization of a national tuberculosis association has given emphatic prominence—have been graphically stated in an address by Dr. Henry L. Shively, of New York, visiting physician to St. Joseph's Hospital, and physician to the Presbyterian Hospital Dispensary, department of heart and lungs. Dr. Shively said in part:

"The tuberculosis question is not merely a medical subject of interest only to physicians and professional sanitarians. It is a vital social question which intimately concerns the health and welfare of every citizen, and in the successful solution of which everyone can help.

"The scientist in his laboratory will ever seek improved methods of combating the specific germ of the disease; the practising physician will apply these methods among his patients and instruct them in the means of prevention; the statesman and legislator must frame wise laws representing the most recent advances in sanitation; the municipal authorities and Health Boards must secure cleanliness in the streets and tenements and supervise the food supply to prevent impurities and adulteration; child labor must be prevented and unhealthful trades safeguarded; corporations must provide wholesome conditions for the workmen in their employ; hotel-keepers, railway and steamship companies, must attend to the thorough cleansing and disinfection of rooms, sleeping-car compartments, and berths occupied by consumptives; the architect and builder must construct healthful dwellings for the people; the rich must give generously to the founding and support of hospitals and sanatoria; the teacher and minister in school and church must urge the hygienic as well as the moral value of clean, temperate living if the best results are to be obtained. In perhaps a humbler, but not less useful way, the street railway conductor who enforces the city ordinances against spitting; the janitress who wipes down her staircase with a damp cloth and who in sweeping avoids a cloud of infectious dust by sprinkling her hallways; the cook or housewife who is expert in the preparation of a palatable meal from nutritious materials; and last, but not least, the conscientious consumptive himself who is careful in collecting and disposing of his sputum—all are rendering valuable aid in the campaign against tuberculosis."—*Charities*.

ABRAHAM LINCOLN's advice to young men, taken from a letter written in 1848, reads as follows:

"As to young men. You must not wait to be brought forward by the older men. For instance, do you suppose that I should ever have got into notice if I had waited to be hunted up and pushed forward by older men? You young men get together and form a 'Rough and Ready Club,' and have regular meetings and speeches. Take in everybody you can get. Harrison Grimalley, L. A. Enos, Lee Kimball, and C. W. Matheny will do to begin the thing; but as you go along gather up all the shrewd, wild boys about town, whether just of age or a little under age—Chris. Logan, Reddick Ridgely, Lewis Zwizler, and hundreds such. Let every one play the part he can play best, some speak, some sing, and all 'hoiler.' Your meetings will be of evenings; the older men and women will go to hear you; so that it will not only contribute to the election of 'Old Zach,' but will be an interesting pastime and improving to the intellectual faculties of all engaged. Don't fail to do this.

"ABRAHAM LINCOLN."

This advice to young men in political life applies wonderfully well to young nurses in our organization life. If you have not yet reached the point where you can "speak or sing," you can at least lead the applause and encourage the workers by swelling the number who are interested. The power of speech comes with interest in and familiarity with a subject. Help to bring in the great rank and file. We want them, every one. Do not wait to be invited, but come forward and join whatever kind of an organization is in your neighborhood, and if there is none there, then start one. There is no sympathy like the sympathy of a common interest. If you are working alone, try the experiment of a common interest with others.



A METHOD FOR OBTAINING SPUTA FOR BACTERIOLOGICAL EXAMINATION IN INFANTS AND YOUNG CHILDREN.—C. W. Townsend in the *Boston Medical and Surgical Journal* declares that the diagnosis of many cases is often difficult in children under five or six years of age, because although they cough up sputa into the mouth, they swallow instead of spitting it out. Especially is this true of cases of delayed resolution in bronchopneumonia, many of these having an evening rise of temperature, so that the tuberculin test cannot be used. Holt has recommended the passage of a stomach tube, and the examination of the mucus that adheres to it. The writer has found a method which has recently been described by Findlay, and used for some time in the French hospitals, very simple and very satisfactory. It consists in sweeping the finger covered with gauze over the glottis and epiglottis. This causes reflex coughing, and the expelled mucus is caught in the meshes of the gauze.

OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

220 West One Hundred and Twenty-first Street, New York City



[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.]

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—Ed.]

NEW YORK STATE MEETING

ONLY a very brief account of the semi-annual meeting of the New York State Nurses' Association, held in New York on October 18, will be attempted this month, but details will be given in the next issue of the JOURNAL.

The morning session was opened fairly promptly by the president, Miss Damer, and the business of the day was in order. After the presentation of the reports of the standing committees and the acceptance of the one individual resignation, the invitations of the Alumni Association of St. Luke's Hospital Alumni of the delegates and officers to luncheon at the Manhattan Hotel, afternoon tea at close of convention to all present by the Alumni Association of Bellevue, and a reception by the Alumni Association of Mt. Sinai on the afternoon of the 19th were announced. The continuation of the revision of the by-laws followed. Article II., on Eligibility for Membership in the society, individual and organization, is given in full here, and the revised by-laws when printed will be mailed to the members.

ARTICLE II.

ELIGIBILITY.

Individual Membership.

SECTION 1. Only such resident nurses of the State of New York who shall have received from the Regents of the University of the State of New York a certificate of his or her qualifications to practice as a registered nurse shall be eligible to individual membership in the New York State Nurses' Association, provided said applicants be acceptable to the association.

Individual members shall organize when they shall have reached twenty-five members in a community.

Applicants eligible for membership in any organization belonging to the New York State Nurses' Association shall not be admitted to the association as individual members.

Organization Membership.

Only those alumni associations whose members are graduates from training-schools registered by the Regents of the State of New York as maintaining proper standards shall be eligible to membership in the New York State Nurses' Association, provided such organization be acceptable to the association.

Other organizations shall be eligible for membership provided all members

admitted after October, 1904, hold certificates of registration and provided such organizations be acceptable to the association.

Applications.

Sec. 2. The applications of individuals and of organizations shall be made in writing to the chairman of the Committee on Credentials one month before the regular meetings at which those approved by the aforesaid committee shall be voted upon by the association.

Of Individuals.

Applications of individuals shall be accompanied by the full name and address, the name of school and date of graduation, the number and date of certificate of registration, and shall be endorsed by two members of the association. The annual dues must accompany the applications.

Of Organizations.

Applications of organizations shall be signed by the president and secretary of such organizations and accompanied by a copy of their constitution and bylaws, a list of members, with dates and numbers of certificates of registration held by members admitted after October, 1904.

The annual dues must accompany the application.

Voting.

Sec. 3. Officers, charter members, individual members, and duly accredited delegates only shall be entitled to vote.

Members of organizations belonging to the New York State Nurses' Association may be present at regular and annual meetings, may take part in discussions upon all measures brought forward, but unless otherwise entitled shall not introduce motions or vote.

Delegates.

Organizations belonging to the association may send delegates in the proportion of one to every ten members, who are resident in the State of New York, and may cast votes in proportion of one to every ten members resident in the State of New York. Such delegates shall bring from the secretaries of their organizations letters of credentials which shall be presented to the secretary of the New York State Nurses' Association before the meeting.

The delegates actually present may deposit the whole number of votes to which their organization is entitled, but no delegate shall cast more than ten votes. The vote of individuals shall be cast in person.

Such members as vote as individuals shall not be included in the estimate of votes entitled to be cast by organizations.

Members or organizations in arrears for one year shall not be entitled to the privileges of the association.

The remainder of the morning and part of the afternoon was devoted to discussion and action on the revisions suggested, and finally the work was finished early in the afternoon session.

Miss S. F. Palmer read an elaborate and carefully prepared report, submitted by the secretary of the Board of Nurse Examiners, Miss Hitchcock, which will be published in full later. After reading this report many will understand the delay in receiving their certificates of registration from Albany.

The association then had the pleasure of hearing most entertaining and interesting remarks on the "Social Side of the Modern Treatment of Tuberculosis," by Dr. J. A. Miller and Mr. Christopher Easton, and these remarks were followed up by short addresses from nurses who are engaged in the work of the new movement of the care of tuberculous patients in their own homes. It was decided that no further steps with regard to badges would be taken until more of our members were registered nurses.

The subject of affiliation with the Associated Alumnae of the United States was discussed, and the pleasure was to become affiliated without further delay.

After the election of the new members of the Nominating Committee the meeting was adjourned to meet in Albany in April, 1905.

Both morning and afternoon sessions were largely attended. The hospitality of the Alumnae Associations of Bellevue and St. Luke's was much enjoyed and appreciated, and many were looking forward to visiting New Mt. Sinai the next afternoon.

MARGARET SUTHERLAND, Secretary.

CLASS REPORT, HOSPITAL ECONOMICS.

THE Class in Hospital Economics is already fairly launched in college life and deeply interested in the various courses.

Besides the opportunity of studying in a scientific manner the subjects with which we are already superficially familiar, new and varied interests are constantly developing. Among other things we had the pleasure of hearing Dr. Davidson, the Archbishop of Canterbury, at the time Columbia conferred upon him the degree of Doctor of Laws.

The dormitory life of the students is very pleasant, receptions and fudge parties bringing the students together.

The Phillips Brooks Guild and the Home Economics Club give us opportunities of social intercourse with students in other departments.

Miss Hawley, Dean Russell's secretary, conducts Saturday afternoon excursions to various places of interest about the city. These excursions are free to all students. Last Saturday the Hall of Fame at the New York University was visited.

Our own excursions began Friday afternoon, October 7, with a visit to Bellevue Hospital. It was of especial interest as being the hospital where the first training-school for nurses in the United States was organized. The superintendent of nurses, Miss Delano, conducted us through the different departments and instructed the class in some of the methods of carrying on the business of a large city institution.

In the tubercular clinic we met Miss Damar, who told us something about her work in that line.

A cozy tea in Miss Delano's room finished a delightful afternoon.

BERTHA M. HAMMOND,

1230 Amsterdam Avenue, New York City.

October 17, 1904.

THE COURSE IN HOSPITAL ECONOMICS

MISS ANNA L. ALLINE, instructor in charge of the special hospital economics students at Teachers College, reports the registration of the following eight students, with one other student to follow who will make up her work later: Miss B. Hammond, Miss I. Tracy, Miss G. Watson, Miss S. Parsons, Mrs. L. M. Wright, Miss Van Horne, Miss J. Macconachie, Miss M. D. Jamison, Miss H. Ambrose (November 1).

Miss Alline reports that the work has begun in a very promising way, but there is, of course, no account to give of work this month, as at the date of going to press the students have only been matriculated for two weeks.

The following subscriptions have been received during September and October, but were received too late for report in the October JOURNAL. Our finances are, unfortunately, still in bad shape, and need all the interest which can be secured by our friends.

Sept. 14, Miss E. J. Keating	\$2 00
Sept. 27, Miss A. H. Patterson, through Miss Nutting...	5 00
Sept. 27, Miss A. A. Chesley	2 00
Oct. 1, Miss J. Schmidt, through Miss Stowe.....	3 00
Oct. 1, Miss A. E. Bolton.....	3 00
Oct. 1, Miss E. I. Horton.....	3 00
Oct. 1, Miss E. L. Stowe.....	5 00
Oct. 1, Miss Frances Black	10 00
Oct. 1, Miss B. F. M.....	2 00
Oct. 1, Mrs. M. A. Moore.....	4 00
Oct. 1, Mrs. Marie McNally	5 00
Oct. 1, Miss C. J. Milne.....	5 00
Oct. 1, Miss M. A. Dunlop.....	2 00
Oct. 1, Miss DeWitt, through Miss Melanac.....	2 00
Oct. 1, A Friend, through Miss Alline.....	25 00
Miss Mary Humphries, through Miss Maxwell..	5 00

From the following members of the Rochester Homoeopathic Hospital Alumnae Association, Rochester, N. Y.:

Miss Mary E. Wood	\$3 00
Miss Elizabeth Webber	3 00
Miss Gertrude Hischer	3 00
Miss Ida J. Anderson	3 00
Miss Estelle Meyer	2 00
Miss Jessica Heal	3 00
Miss Violet Heal	2 00
Miss Emily Diehle	3 00
Miss Emily Jones	3 00
Mrs. Jennie Parsons	3 00

REGULAR MEETINGS

RECORDED.—The Rochester City Hospital Alumnae held their annual meeting and election of officers at the Isabella Hart Memorial Home on Tuesday, October 11, at which the following officers were elected: President, J. M. Wilson; first vice-president, M. M. McLaren; second vice-president, Mae Connor; corresponding secretary, Lydia Brown, 188 South Pittsburgh Street, Rochester, N. Y.; recording secretary, Marie Phelan, and treasurer, Emma Knowles, 67 Edinburgh Street, Rochester, N. Y. Annie E. Kennedy was chosen as delegate to attend the New York State Nurses' Association. The question of an independent directory was brought before the association, and after a lengthy discussion it was decided to let the directory continue under its present management. The association was pleased to listen to a short talk by Miss S. F. Palmer in regard to the endowment of a chair of hospital economics at Columbia College. Miss Palmer said that each nurse give one day's work towards the support of the course.

A committee was appointed to receive any contributions, and it is hoped the nurses will respond liberally.

BROOKLYN.—The regular monthly meeting of the Long Island College Hospital Alumni Association was held at the Registry on Tuesday, October 11, when there was a very large attendance. The president, Miss Anna Davida, was in the chair. After the usual reports had been read, it was stated by Miss Charlotte Arnold, treasurer of the fund being raised for repayment of the debt incurred in furnishing the Registry, that contributions had been handed in by Misses Fraser, Weststrom, E. Hall, and Rosenberg, and also that several others are working in different ways for the accomplishment of the same object. It was stated that a conference would be held at the Registry once a month, the proceeds of which would be given to the same fund. At the close of the business the members were regaled with coffee and cake and a quiet social talk. This was followed by a deeply interesting and profitable address by Dr. Delatour on etherization and sterilization, for which the members tendered him a very cordial vote of thanks.

PHILADELPHIA.—The regular meeting of the Nurses' Alumni of the Hospital of the Protestant Episcopal Church was held on October 4, 1904, in the Nurses' Home. The meeting was called to order by Miss Haines, president. The minutes of the June meeting were accepted as read and the usual routine business transacted. In the way of new business it was voted to engage a lecturer to give two or three lectures on parliamentary law. The Misses Hedwill, Shaw, and Howard were appointed a committee to find a suitable lecturer and report at the next meeting. Miss Payne, honorary president, gave some useful information in regard to State registration and the work of the Graduate Nurses' Association of the State of Pennsylvania. Miss Haines, president, urged all our nurses to attend the sessions of the annual meeting of the Graduate Nurses' Association, to be held October 26, 27, and 28 in Philadelphia. The meeting then adjourned to meet next month in the Church House.

BALTIMORE.—The third quarterly meeting of the University of Maryland Nurses' Alumni was held at the hospital on September 5 at three P.M. Roll-call showed a good number present. At the June meeting a committee of five was appointed to collect individual subscriptions to make it possible for the alumni to purchase a share in the stock of *THE AMERICAN JOURNAL OF NURSING*. It is earnestly hoped and expected that all members will take pleasure in responding to the call of their alumni by sending in subscription asked for as soon as possible. A committee of five was appointed to arrange for a course of lectures to be held under the auspices of the alumni during the coming winter and spring. The meeting was full of interest and much business was transacted, after which it adjourned to meet again, "D. V.," on the first Monday in December.

CINCINNATI.—The regular meeting of the Jewish Hospital Alumni Association of Cincinnati, O., was held at the Jewish Hospital on Friday, October 14. Nine members were present. After a short business meeting Dr. Alfred Friedlander gave an interesting talk on the United Jewish Charities and its work in Cincinnati. The meeting then adjourned to meet again the second Thursday in December. The following programme has been prepared for the winter's work:

for October, "The United Jewish Charities," Dr. Alfred Friedlander, member of Board of Directors; for December, "The Progress of State Registration," Miss Francis Adler; for February, "The Public Library," Dr. Henry Wald Bettman, president of Library Board; for April, "Course in Hospital Economics at Teachers College, Columbia University," Miss Florence Williams; for May, business meeting.

NEW YORK.—The regular meeting of the New York City Training-School Alumni was held in the Academy of Medicine, October 11, 1904, at three P.M., Miss J. Amanda Silver in the chair. Dr. Edward S. Peck, of the Board of Examiners of the Training-School, gave an interesting lecture on the eye, ear, and throat. Besides the usual routine business much interest was shown in selecting nurses as delegates for the meetings of the county and State associations. The members were saddened by the announcement of the sudden death of Mrs. Isabel Corlett Armstrong, of the Class of 1885, who died September 17, 1904, at Greenwich, Conn. A very dainty luncheon was given in the banquet hall by Miss Elizabeth Farrell.

PHILADELPHIA.—The quarterly meeting of the Alumni of the Polyclinic Hospital was held October 7, at three P.M., at the Kay House. In the absence of the president and vice-president, Miss Banfield presided. The usual business was transacted. Three new members were admitted. One application for membership was received. An announcement was read of the annual meeting of the Pennsylvania State Nurses' Association, which is to be held in Philadelphia on October 26, 27, and 28. The members were requested to attend all the sessions. The meeting adjourned at four P.M., after which refreshments were served.

MONTREAL.—The annual meeting of the Canadian Nurses' Association was held in Montreal on October 16. The association now numbers two hundred and the year's work has been very satisfactory. Officers were elected as follows: For president, Miss Colquhoun; vice-president, Miss Dunlop; corresponding secretary, Miss Collie; recording secretary, Miss Des Brisay; treasurer, Miss Cooper; committee, Miss Hill, Miss E. Cooper, Miss Bullock, Miss MacBride. The Reading-Room of the association is at 169 Peel Street, in Tooke's Block, where the latest nursing literature may be found.

ROCHESTER.—The Monroe County Registered Nurses' Association held a regular meeting on the last Tuesday in September. The society has ninety paid up members. One subject of interest discussed was a club-room, and a committee was appointed to investigate. A special meeting will be called when the committee is ready to report. The Course in Hospital Economics was presented by Miss Balcom, and Miss S. F. Palmer and Miss Ida R. Palmer also spoke on this subject.

PROVIDENCE.—The first regular meeting of the Rhode Island Hospital Alumni was held on Tuesday, October 11, in the Nurses' Home. The members present spoke informally on State registration, and a beginning has been made by calling a mass meeting of nurses, to be held October 19 in the Young Men's Christian Association Hall, inviting all graduate nurses resident in the State to be present.

EMMATON, October issue: For the address of the secretary of the New York State Nurses' Association, read 219 West Eighty-third Street, New York City.

MARRIAGES

In St. Louis, Mo., on September 23, Mrs. Sabine Page Pemberton, graduate of St. Luke's Hospital, New York, Class of 1894, and late superintendent of the Pasadena Hospital, Cal., to Colonel Charles Morton, Seventh United States Cavalry. Colonel and Mrs. Morton are stationed at Fort Meyer, Va.

Miss ALICE M. RICHARD, a graduate of the Protestant Episcopal Hospital Training-School for Nurses, of Philadelphia, Class of 1899, was married in June to Mr. James H. Larrimer. Mr. and Mrs. Larrimer will reside in Philadelphia.

At Pictou, Ontario, on September 23, 1904, Miss Elizabeth Widdifield, Toronto General graduate, to Mr. John W. Kearney. At home 7 East Eighty-seventh Street, New York.

Miss M. K. MANN, Class of 1902, of the University of Maryland, was married on October 5 at her home, Sandy Spring, Md., to Dr. Nathan Winslow, of Baltimore, Md.

At her home, St. Thomas, Ontario, on August 1, 1904, Miss Ida Catherine Anderson, graduate of the Toronto General Hospital, to Mr. William Archibald Porter Wood.

Miss M. A. FENBALL, Class of 1901, of the University of Maryland, was married in June at her home, Towson, Md., to Mr. Whelan Cushing, of Baltimore, Md.

In San Francisco, Cal., September 6, 1904, Mrs. Emily Patterson Mann (Army Nurse Corps) to Mr. Charles Spencer MacArthur.

OBITUARY

WHEREAS, An All-Wise Providence has removed from this earthly life our friend, Mrs. Marion H. Lawrence, late superintendent of Rex Hospital; and

WHEREAS, We, the Medical Board of Rex Hospital, do especially and most heavily feel her loss; therefore

Resolved, That by her death Rex Hospital has been deprived of an officer who was faithful in the discharge of all her duties, economical in the administration of its affairs, and most successful in the executive management of the institution.

Resolved, That we desire to express our sense of a personal loss and bereavement in the death of so capable and gifted a woman.

Resolved, That we tender to the family and friends of the deceased our sincere and heartfelt sympathy.

Resolved, That these resolutions be spread upon the minutes of the Medical Board of Rex Hospital, be published in the daily papers of this city, and that a copy of them be transmitted to her relatives in England and to her friends in this country.

H. A. ROYCE, M.D.,

H. McKEN TUCKER, M.D.,

WILLIAM SHERBURNE MacNIVEN, M.D.,

A. W. KNOX, M.D., Chairman.

It was with deepest regret that the Alumnae Association of the Salem Hospital learned of the sudden death of Dr. Harriet M. Goodrich at the Salem Hospital on August 23. While on her way to attend a patient she fell from an electric car, and died a few hours after as a result of her injuries.

Dr. Goodrich graduated from Salem Hospital Training-School, May 13, 1896, and did private work but a short time in Salem. She entered Tuft's Medical and graduated with honors. She had been practising in Salem about two years. She was a charter member of the Alumnae Association, and highly respected by all who knew her.

At a meeting of the Alumnae Association the following resolutions were adopted:

"Resolved, That we as an association have lost a highly esteemed member.

"Resolved, That we sympathize deeply with her family in their bereavement.

"Resolved, That a copy of these resolutions be sent to her family and THE AMERICAN JOURNAL OF NURSING.

" LOUISE HAYNE,

" MARY B. SYMONDS,

" Committee."

Mrs. CHARLES HILL (formerly Miss Alice C. Rogers), who died at the Salem Hospital, Mass., July 19, after an operation for appendicitis, was a graduate of that hospital of the Class of 1889. Although Mrs. Hill nursed but a short time, she was always interested in the hospital and the nurses' work. She was a member of the Alumnae Association, and was beloved by all who knew her. She left a husband and a daughter.

At a meeting of the Alumnae Association the following resolutions were adopted:

"Resolved, That we, as an association, have lost a sincere friend and loyal member.

"Resolved, That we sympathize with her family in their bereavement.

"Resolved, That a copy of these resolution be sent to the family and THE AMERICAN JOURNAL OF NURSING.

" LOUISE HAYNE,

" MARY B. SYMONDS,

" Committee."

It was with deep regret that the members of the Alumnae Association of the Episcopal Hospital Training-School, Philadelphia, learned of the death of Miss Mary V. Archdeacon, which occurred on May 27, 1904, after much suffering from an illness of many months. Miss Archdeacon graduated from the Training-School of the Hospital of the Protestant-Episcopal Church in Philadelphia in the Class of 1890.

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS

THE new wing now being built at the Collingwood General Hospital, Ontario, will have a frontage of fifty feet and a depth of eighty feet, two stories with basement. The front elevation will follow the architectural lines of the present building and will give a much more imposing appearance to the whole edifice. In the basement will be the kitchen, dining-room, modern cold storage, ice-house, laundry, etc. On the first floor there will be a sixteen-bed ward, office, board-room, and lavatory. On the second floor the principal feature is the operating-room, which will be the most complete of its size in the province. There are also sterilizing-room, anæsthetic-room, surgeons' wash- and dress-rooms, and a number of private wards. The old building is also being remodelled and will provide a superintendent's office and nurses' rooms. There will be altogether accommodation for thirty-six additional patients, besides many conveniences in the shape of elevators, lavatories, and nurses' quarters. The cost will be eleven thousand dollars.

A NEW hospital has been opened in Buffalo for the employes of the Lockwood Steel Company. This hospital is a branch of the Moses Taylor Hospital in Scranton, Pa., is under the same management, bears the same name, and will be supplied with nurses from there. The hospital accommodates twenty-four patients, has operating-room, emergency-room, sterilizing, etherizing, and dressing-rooms, also rooms for X-ray treatment.

WHEN the new hospital building was turned over to the trustees of the City Hospital of Akron, O., by its donor, Mr. A. C. Barber, at his request a handsome room was reserved in perpetuity for the use of the nurses, both pupils and graduates, when ill. The graduate nurses have provided the bed linen, rugs, and toilet articles, and have agreed to keep the room in repair.

SOME OF THE WAYS IN WHICH HOSPITALS ARE AIDED

ST. LOUIS'S HOSPITAL of New Bedford, Mass., has received thirty thousand dollars by the will of the late Mrs. Sarah E. Potter. A children's ward is to be built. Mrs. Potter left a large fortune and many bequests, among them being one hundred and fifty thousand dollars to the Boston Medical Library, fifty thousand dollars to Harvard University, and a large sum to the New Bedford Public Library. Mrs. Potter was a native of New Bedford. Her husband was a member of the drug firm of Weeks & Potter, of Boston.

By the will of Mrs. Elizabeth G. Kelly the Chicago (Ill.) Baptist Hospital receives two thousand dollars and the Women's and Children's Hospital of Syracuse twenty-eight thousand dollars. The Children's Hospital has received recently fifty thousand dollars from the late James J. Belden and thirty thousand dollars from the estate of the late John Lyman. A new building will be erected.

Miss MAY TERRY, who died in Venice, Italy, recently, bequeathed five hundred thousand dollars to the Hartford (Conn.) Hospital. Miss Terry was the last of a well-known Hartford family, and died while on a pleasure trip abroad.

By the will of Colonel William Anstine fifty thousand dollars was bequeathed to establish a hospital in Brattleboro, Vt.

SEANSVILLE, Mass., is agitating a hospital for contagious diseases.

TRAINING-SCHOOL NOTES

THE graduating exercises of St. Vincent's Charity Hospital of Cleveland, O., took place in the Chamber of Commerce on September 22. The Rt. Rev. Bishop Eusebius was present and awarded the diplomas. Dr. Burke and Dr. Bruner distributed the other honors. The address of the evening was delivered by the Rev. Francis Moran, pastor of St. Patrick's. It was an eloquent and scholarly discourse and showed the keen and well-informed interest of the speaker in medical science as well as his high ideal of the profession of nursing. The nurses to whom diplomas were awarded are Miss Anna Frances Mahon, Miss Helen Leininger, Miss Elizabeth Lyons, Miss Rose Anna Kelly, Cleveland; Margaret Curtin, Mansfield; Miss Gertrude Lansing, Oberlin; Miss Emma Mandary, Rochester; Mrs. Claribel Gedge Hill, Covington, Ky.; Miss Agnes O'Sullivan, Ireland. After the exercises the graduates and former and present pupils at the Training-School, fifty-two in all, sat down to a banquet at the hospital. An Alumni Association was formed, and the following officers were elected: President, Miss Isabel Clobery, 1900; vice-president, Miss Mary Kirchner, 1903; secretary, Mrs. Claribel Hill, 1904; treasurer, Miss Mary Pepper, 1903. There have been twenty-three graduates of the Training-School since its establishment in 1893. The pupils at present number forty.

THE graduating class of Trull Hospital Training-School, Biddeford, Me., were given a course dinner on Wednesday evening, October 8, at the home of the superintendent of the hospital, Dr. J. Frank Trull. After a few words of commendation by the superintendent, an address was given by the Rev. Edwin L. Noble, pastor of the Second Congregational Church, and Mrs. Trull, who is a talented elocutionist, read some selections.

THE following nurses, members of the alumni, were appointed by the faculty, June 1, 1904, to fill the vacancies on the nursing staff of the University of Maryland Hospital: Miss N. Flanagan, superintendent of nurses, with Miss L. M. Gaskill, Miss U. Kinning, Miss F. B. Daniel, Miss M. V. Dawdell, Miss L. L. Bush, and Miss A. Schlenker as assistants.

PERSONAL

Miss A. SCHLENKER, Class of 1892, of the University of Maryland, was appointed by Dr. Tunstall Taylor as superintendent of nurses at his hospital for crippled children on Charles Street Avenue. The nursing staff of the hospital will in future be run in connection with that of the University of Maryland Training-School.

In our September issue we published in this department an item to the effect that there was an epidemic of typhoid among the nurses of the Montreal General Hospital. We learn that we had been misinformed and that the statement was without foundation.

MISS HERMAN MAYER, for the last five years in charge of the Maryland Lying-In Asylum on West Lombard Street, which was destroyed by fire on February 7, 1904, is taking a well-earned rest at her home, 221 West Centre Street, Baltimore, Md.

MISS DOUGHERTY, Class of 1904, of the University of Maryland, has gone to Savannah, Ga., to assist Miss G. L. Anderson and Miss Magdaline Bennett, who are in charge of the Georgia Infirmary Training-School for Colored Nurses.

THE statement in the September number that Miss Grace Beale had been appointed superintendent of the City Hospital at Akron, O., was an error. Miss Beale holds the position of supervising nurse of the Training-School.

MISS S. L. WOOTTON, of Montreal, Canada, has been appointed director of nurses and assistant instructor in practical and theoretical nursing in the Memorial Hospital Training-School for Nurses, Richmond, Va.

MISS HELEN VAN DEVENTER WHEE, Class of 1902, of the University of Maryland, was appointed superintendent of nurses, with Miss Christine Lewis as assistant, at the Salisbury Hospital, Salisbury, Md.

MISS BOUCK and Miss Edmanson, graduates of the Class of 1904, Kingston General Hospital, Kingston, Canada, are leaving to take charge of a hospital for Dr. Davis, in Parry Sound, Ontario.

MISS MARY BANCROFT CAMERON, graduate of the Presbyterian Hospital, Philadelphia, has accepted the position of night superintendent of the Allegheny General Hospital, Allegheny, Pa.

MISS M. E. COHENMAN, Class of 1902, of the University of Maryland, was appointed chief nurse of the Presbyterian Eye, Ear, and Throat Hospital, with Miss M. C. Miller as assistant.

MISS MELVENIA A. KINGSTON, a graduate of Trull Hospital, Eldersford, Mo., Class of 1904, has charge of the district nursing of the Union Bethel Medical Mission, Cincinnati, O.

MISS ISABELLA GAULD has resigned as superintendent of the Batavia (N. Y.) Hospital and has been succeeded by Miss Wood, graduate of the Rochester Homoeopathic Hospital.

MISS M. E. P. DAVIS, in partnership with Dr. and Mrs. Twombly, has opened a private hospital for the treatment of nervous diseases in Rumbury, one of the suburbs of Boston.

MISS GEORGIA WILSON has been appointed head nurse at the Knowlton Infirmary, Columbia, S. C. Miss Wilson is a graduate of the Memorial Hospital, Richmond, Va.

MISS AUGUSTA MYERS, of the Memorial Hospital Training-School, Richmond, Va., has taken charge of the State Female Normal School Infirmary at Farmville, Va.

MISS MINA SHIPLEY has resigned her position as superintendent of the Frederick City Hospital, Md., to take a much-needed rest.

MISS DUNCAN, graduate of the Toronto General Hospital, has succeeded Miss Hunter as superintendent of the Owen Sound General Hospital.